



COMMUNITY DEVELOPMENT DEPARTMENT  
CODE ENFORCEMENT DIVISION

## Rental Registration Application

Street Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Lease: Yes  No

\*If yes, provide copy of lease

Accepts Vouchers: Yes  No

Trash Service Provider: \_\_\_\_\_

### Owner Details

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Designated Agent

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE AND COMPLETE STATEMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_