

# Rental Registration Form



Please complete the applicable information below. Attach additional sheets if needed.

Date: \_\_\_\_\_ Tax Parcel No.: **62-**\_\_\_\_\_ Zoning District: \_\_\_\_\_

## 1. Type of Registration:

New Registration      New Owner      New Tenant      Change of Address, etc.

## 2. Rental Address:

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Number      N/S/E/W      Street Name  
\_\_\_\_\_  
City      State      Zip

## 3. Owner(s) Names:

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Do Not Give a PO Box

Phones: Day \_\_\_\_\_ Ext: \_\_\_\_\_ Evening: \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency Phone: (if different from above) \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Ext: \_\_\_\_\_

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

## 4. Property Manager Name(s): if different Than above \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Do Not Give a PO Box

Phones: Day \_\_\_\_\_ Ext: \_\_\_\_\_ Evening: \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency Phone: (if different from above) \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Ext: \_\_\_\_\_

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

## 5. Dwelling Unit Information:

Type of Dwelling:      Single Family      Duplex      Townhouse

Other: \_\_\_\_\_  
Be Specific

Year Built: \_\_\_\_\_ Number of Levels: \_\_\_\_\_ Number of Sleeping Rooms Rented: \_\_\_\_\_ Basement: Y    N

Nbr of Smoke Detectors: \_\_\_\_\_ Type of Smoke Detector(s): Hardwired & battery backed \_\_\_\_\_ Interconnected per Regulation: Y    N

Carbon Monoxide Alarms Installed: Battery      Plug-In      Hardwired



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