

For Office Use Only:  
Zone: \_\_\_\_\_ Ward: \_\_\_\_\_  
License No. \_\_\_\_\_  
Exp. Date. \_\_\_\_\_

**RENTAL REGISTRATION FORM**

**Owner(s) of Rental Property:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home Work

**Manager /Agent:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Day Evening

**Rental Unit(s):**

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

Number of Rental Units at this Address: \_\_\_\_\_

List Number of Bedrooms in Each Unit:

	<b><u># Occupants</u></b>	<b><u># Bedrooms</u></b>
Unit One:	_____	_____
Unit Two:	_____	_____
Unit Three:	_____	_____
Unit Four:	_____	_____

**NOTE:** No more than four unrelated persons may reside in the same unit. It is landlord's responsibility to enforce this law.

OWNER(S) SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

PLEASE LIST ALL TENANTS WHO RESIDE IN EACH UNIT. SUPPLY JUST NAME OF TENANTS EIGHTEEN YEARS AND OVER. PLEASE SUPPLY NAME AND AGE OF TENANTS UNDER THE AGE OF EIGHTEEN.

UNIT #1:                      DATE OF LAST INSPECTION: \_\_\_\_\_  
    DATE RENTAL BEGAN:                      \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIT #2                      DATE OF LAST INSPECTION: \_\_\_\_\_  
    DATE RENTAL BEGAN:                      \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIT #3                      DATE OF LAST INSPECTION: \_\_\_\_\_  
    DATE RENTAL BEGAN:                      \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIT #4                      DATE OF LAST INSPECTION: \_\_\_\_\_  
    DATE RENTAL BEGAN:                      \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_