



Department of Public Safety

Rental Unit Registration

A. General Information

(1) Unit Address		Parcel ID	
		Tax ID	
(2) Rental Units	Total # of Units	Inspected Unit #	(5) Maximum Number of Tenants Permitted for Each Rental Unit
(3.1) Name of Owner/s		Full Address (including Street, City, State, Zip)	
Phone Number	Cell	Email	
(3.2) Name of Owner/s		Full Address (including Street, City, State, Zip)	
Phone Number	Cell	Email	
(4) Name of Agent or Leasing Agency Authorized to Lease Unit Inspected		Full Address (including Street, City, State, Zip)	
Phone Number		Email	
(6) Name Of Person Authorized To Collect Rent From The Tenants		Full Address (including Street, City, State, Zip)	(1-a) Housing Type <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Phone Number		Email	
(7) Name Of Person Authorized To Make/Order Repairs		Full Address (including Street, City, State, Zip)	
Phone Number		Email	
(8) Name Of Any Lien-Holders On The Rental Unit		Full Address (including Street, City, State, Zip)	
Phone Number		Email	
(9-a) Name Of All Tenants/Lease-Holders		(9-b) if a Minor Please Include Age	
(10-a) Tenants/Lease-Holders Prior Address		(10-b) Move in Date	Comments

PLEASE PRINT A COPY OF THIS FILE FOR YOUR RECORDS

