

# RENTAL PROPERTY REGISTRATION

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

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

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

Mail Address 2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Agent Information *(if applicable)*

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

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

Mail Address 2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address of Proposed Rental: \_\_\_\_\_

Insurance Information *(please fill in the following information or provide a Certificate of Insurance)*

Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

Total Number of Units in Proposed Rental \_\_\_\_\_ x \$5.00

<b>TOTAL DUE</b> _____
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**OFFICE USE ONLY**

CASH

MONEY ORDER

CHECK #\_

AMOUNT PAID \_\_\_\_\_