

RESIDENTIAL REGISTRATION UPDATE

Per Ordinance 2006-6,

MUST BE FILED WITHIN 30 DAYS OF LEASING, LETTING, OR RENTING

Address of Residential Unit: _____

Name of Owner: _____

Phone #: _____ Cell Phone #: _____ Fax #: _____

Tenants Names and Apartment/House Numbers (Full names of ALL Tenants 18-years & older)

Completed and correct information is Required!

MOVED IN DATE: _____

1 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box) _____

Occupant Apartment/House #: _____ Occupant Phone #: _____

Email Address: _____

#2 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box) _____

Occupant Apartment/House #: _____ Occupant Phone #: _____

Email Address: _____

#3 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box) _____

Occupant Apartment/House #: _____ Occupant Phone #: _____

Email Address: _____

#4 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box) _____

Occupant Apartment/House #: _____ Occupant Phone #: _____

Email Address: _____

For additional occupants – Please use separate sheet

Any Handicap or Special needs persons reside on the property? _____

INFORMATION MUST BE PROVIDED

*******Previous Tenant (s) name and forwarding address: *******

Name: _____

Forwarding Address: _____