

CITY OF VALPARAISO

BUILDING DEPARTMENT

166 Lincolnway · Valparaiso, IN 46383 (219) 462-1161 · Fax: (219) 464-4273 valpobuilding@valpo.us

FOR OFFICE USE ONLY	
DATE RECEIVED:	
REGISTRATION #	
DATE ISSUED:	Ì
RECEIPT #	ļ
DATE PAID:	
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RENTAL REGISTRATION APPLICATION

RENTAL REGISTRATION APPLICATION
RENTAL PROPERTY ADDRESS:
(One Form per Rental Property)
Pursuant to Ordinance 14-2011 this Application shall be completed and signed by the Owner. Following receipt and satisfactory review of this Application, the City shall send the Owner and/or Owner's Agent a Rental Registration Certificate. The Registration shall remain in effect until suspended, revoked or until transfer of legal title to the Rental Building, whichever comes first.
OWNER:
Name of Owner:
Contact Name:
Address of Owner:
Telephone Number:
Email Address:
Email Address: Resident of Porter County or County contiguous: YES NO
AGENT:
Pursuant to the Ordinance, Owners may elect to designate an Agent for purposes of receiving notifications and other communications related to the Ordinance. All Owners who do not reside in Porter County or contiguous county are required to designate an Agent residing in either
Porter County or a contiguous county.
Name of Agent:
Address of Agent:
Telephone Number:
Email Address:
Notification to the Agent at the address set forth above constitutes sufficient notice pursuant to any provision of the Ordinance.
PROPERTY DESCRIPTION:
Apartment Building (3 or more units)
Duplex
Single Family
Other, please describe
NUMBER OF DWELLING UNITS: TOTAL FEE DUE \$5.00
Apartment Numbers:
Exempt Units:
Reason for exemption:
I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT THE ISSUANCE OF A REGISTRATION CERTIFICATE IS NOT EVIDENCE THAT MY PROPERTY MEETS THE REQUIREMENTS OF THIS ORDINANCE, OR IS OTHERWISE FIT FOR HUMAN HABITATION.
Owner's Signature:
Owner's Printed Name:
Date: