

CHANGE OF INFORMATION FORM

Building Services 500 15TH AVE SW Cedar Rapids, Iowa 52404

Housing (319) 286-5197 / Fax (319) 286-5830 / CED Main Line (319) 286-5831

COMPLETE ONLY IF A CHANGE HAS OCCURRED SINCE ORIGINAL PERMIT-IF ADDING A NEW PROPERTY PLEASE COMPLETE A NEW REGISTRATION FORM

CITY ISSUED LICENSE NUMBER: _____ -- _____

(PLEASE PRINT)

Legal Owner / Landlord Information: _____ **NEW Phone #:** _____
Name

Legal Owner/Landlord

NEW Address: _____
Street City State Zip

NEW Email Address: _____ **NEW Secondary#** _____

SSN or Tax ID: _____

(Second Owner If Applicable)

Legal Owner / Landlord Information: _____ **NEW Phone #:** _____
Name

NEW Address: _____
Street City State Zip

NEW Email Address: _____ **NEW Secondary #:** _____

(If Applicable)

NOTE: A representative (who has attended landlord training) MUST be associated with the property(ies) at all times.

Property Mgmt / Operator Information: _____
Company Name

NEW Contact Name/Registered Agent: _____ ; **Tax ID #:** _____

NEW Business Address: _____

NEW Phone # _____ **Fax #** _____ **Cell #** _____

NEW Email Address: _____

Applicant Signature: _____ **Date:** _____

DATE FORM RECEIVED IN OFFICE _____

mm/dd/yyyy