

RENTAL PROPERTY REGISTRATION FORM

ALL INFORMATION MUST BE FILLED OUT IN ITS ENTIRETY

***(Please make check payable to City Treasurer & mail to:
City Treasurer, P.O. Box 2148, Cedar Rapids, IA 52406-2148)***

Rental Property Address

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Owner's First, M, Last Name & Address (If P.O. Box, must include Street Address)

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	Owner's Social Security / Driver's License Number
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E-mail	Tax ID#
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Phone Number Home:	Work:	Fax:
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Owner to receive correspondence <input type="checkbox"/>	
Owner to receive invoice <input type="checkbox"/>	

Manager's Name & Address

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E-mail

Phone Number Home:	Work:	Fax:
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Manager to receive correspondence <input type="checkbox"/>	
Manager to receive invoice <input type="checkbox"/>	

Type of Dwelling:

- | |
|---|
| <input type="checkbox"/> One Dwelling Unit
<input type="checkbox"/> Duplex
<input type="checkbox"/> Multiple Dwelling
Number of Units:
<input type="checkbox"/> Individual Condo Unit |
|---|

Date: _____

Signature _____

If any of the above information changes, a new registration is required.
Failure to comply may result in additional fees.