

**City of Maquoketa, Iowa**  
**Rental Permits and Inspections Process**

\_\_\_\_\_ **RENTAL PROPERTY REGISTRATION FORM**

**Owner Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Company name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Property Manager Name (if applicable):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Company name: \_\_\_\_\_

Property Manager Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**WHO SHOULD INFORMATION BE MAILED TO:** \_\_\_\_\_ **Property Owner** \_\_\_\_\_ **Property Manager**

**Rental Unit Location:**

Street address: \_\_\_\_\_, Maquoketa, IA, 52060

Number of units: \_\_\_\_\_ Identify units as addressed: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

DATE OF APPLICATION: \_\_\_\_\_

APPLICATION FEE: Number of units: \_\_\_\_\_ x \$30.00 = \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ STAFF INTIIALS: \_\_\_\_\_