

Rental Registration Form

New (annual fee of \$30 per unit) Change of ownership

Rental Unit Location:

Street address: _____, Maquoketa, IA 52060

Number of units: _____ Unit numbers (example A-D): _____

Owner

Name(s): _____

Company name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____

E-Mail: _____

Property Manager (if applicable):

Name: _____

Company name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____

E-Mail: _____

Send information to: _____ Property Owner _____ Property Manager _____ Both

Signature: _____ Date: _____

| | | | | |
|-----------------------|--------------|------------------|-----------------------|------------------------------|
| Total fee paid: _____ | | Date paid: _____ | | <i>For official use only</i> |
| Cash: _____ | Check: _____ | Receipt #: _____ | Staff initials: _____ | |