



RENTAL PROPERTY REGISTRATION

New Rental Updating Existing Rental Adding Rental to Existing Account Closing
Select One

****All Rental Registrations MUST be completed and signed by the Deeded Owner****

Name Deeded Owner: _____

Address of Owner: _____

Telephone Number: _____

Email Address: _____

Is there a Contract Purchaser? YES- Complete Next Section NO- Skip Next Section

CONTRACT PURCHASER INFORMATION

Is Contract Purchaser authorized to make emergency decisions on behalf of Owner? YES NO

Name: _____

Address: _____

Telephone Number: _____

All Deeded Owners not residing within Howard County or a contiguous County must provide an agent that does. This agent must authorized to make emergency decisions concerning the structure, authorized to accept notifications and make any repairs.

AGENT/MANAGEMENT INFORMATION

Name: _____

Address: _____

Telephone Number: _____

RENTAL PROPERTIES

Please list all rental properties below, if extra room is needed please use second form.

ADDRESS	STRUCTURE TYPE (SINGLE FAMILY, DUPLEX, APARTMENTS, OTHER)

I hereby certify that the forging statements made by me are true. I understand that registering my rental property/properties is not evidence that my property/properties meet the requirements of this Ordinance, or is otherwise fit for human habitation.

Deeded Owner's Signature: _____ Date: _____

Return all Registration Forms to
City of Kokomo, Attention: Division of Building & Code Services
215 West Superior Street, Kokomo, Indiana 46901
765-456-7413 Fax: 765-456-2042
Email: adobbs@cityofkokomo.org

