CITY OF CHARLES CITY
RENTAL HOUSING REGISTRATION APPLICATION

Rental Property Address _____

Date of Application ___ /___ /___

____ New Rental Registration ____ Renewal Registration
____ Transfer of Owner

RESPONSIBLE LOCAL MANAGER

This person is authorized to act on behalf of the owner concerning all matters of compliance with local ordinances and to receive all communications from the City and to respond on behalf of the owner.

Name: _____ Phone: _____
Address: _____ Cell: _____
City, State, Zip: _____
E-mail:_____

OWNER INFORMATION

(If Different than Responsible Local Manager)

Name: _____ Phone: _____
Address: _____ Cell: _____
City, State, Zip: _____
E-mail:_____

REGISTRATION FEE: $25.00 PER RENTAL UNIT

PLEASE MAKE CHECKS PAYABLE TO: **CITY OF CHARLES CITY**

Send Payment With Completed
Registration Form To:

City of Charles City
Code Enforcement Department
105 Milwaukee Mall
Charles City, IA 50616

Phone: (641) 257-6300
Fax: (641) 257-6331

_____
Signature of Owner or Responsible Local Manager (Required)

*I certify that this information is true and complete to the best of my knowledge and I have reviewed the City of Charles City's Rental Housing Inspection Ordinance. It can be found at www.cityofcharlescity.org under City Code- Chapter 159.

____CASH ____CHECK
CHECK # _____
TOTAL: _____

(For Office Use Only)