Landlord Rental Property Registration Application

All property owners intending to rent their property must register all their rental properties with the City of Sigourney. This includes all properties the deed holder does not reside at (contracts, family members, etc.). Every listed rental property will be inspected at least once every two (2) years. It is the landlord's responsibility to inform the City of Sigourney when a tenant moves in or out of their rental property. An inspection must be done before or within ten to fourteen days after a new tenant moves in. There will be a $24.00 annual registration fee per structure due on July 1st of each year. This fee will be prorated for any rental property acquired throughout the year.

Date: _____

Name of Property Owner(s): _____

Address of Property Owner(s): _____

Phone: _____ Cell: _____

(Please List Additional Property Owners on the Back of this Application.)

Name of Agent Used by Property Owner(s) if Different from Above: _____

_____

Phone: _____ Cell: _____

List Addresses, Name(s) and Phone Number(s) of Tenants for All Rental Properties:

Address: _____

Tenant Name(s): _____

Phone Number(s): _____

Rented: Yes   No   •   Contract Holder: Yes   No   •   Parent / Child: Yes   No

Address: _____

Tenant Name(s): _____

Phone Number(s): _____

Rented: Yes   No   •   Contract Holder: Yes   No   •   Parent / Child: Yes   No

Address: _____

Tenant Name(s): _____

Phone Number(s): _____

Rented: Yes   No   •   Contract Holder: Yes   No   •   Parent / Child: Yes   No

Address: _____

Tenant Name(s): _____

Phone Number(s): _____

Rented: Yes   No   •   Contract Holder: Yes   No   •   Parent / Child: Yes   No

Landlord Rental Inspection Application

Date: _____

Name of Property Owner(s): _____

Address of Property Owner(s): _____

Phone: _____ Cell: _____

Best Time to Contact: _____

Available Date(s) / Time(s): _____

Name of Agent Used by Property Owner(s) if Different from Above:

_____

Address of Agent: _____

Phone: _____ Cell: _____

Best Time to Contact: _____

Available Date(s) / Time(s): _____

Name of Tenant: _____

Address of Tenant: _____

Phone: _____ Cell: _____

Date Tenant Moved In: _____

Best Time to Contact: _____

Available Date(s) / Time(s): _____

--- *For City Use Only* ---

Date and Time Set for Inspection: _____

Notes: _____

_____