VILLAGE OF SOLVAY CODE ENFORCEMENT DEPARTMENT

1100 WOODS ROAD, SOLVAY, NY 13209 Phone # (315) 468-1679 fax # (315) 468-1473

RENTAL PROPERTY REGISTRATION FORM

Please complete a separate registration form for each rental property or if your property has more than 10 units.

Part I. Rental Pro	pertv Infor	mation:
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1.) Rental Property Address:

2.) Estimated Year Built:

Please Print

	ling Units:										
Unit Number:	1	2	3	4	5	6	7	8	9	10	
4.) Number of Bedrooms in unit:											
5.) Parking spaces provided for unit:											
6.) Location of Park	ing Spaces	on the Proj	perty:								
7.) If Tenants do not	park on the	e Property,	Where do	they Park	?						
Part II Owner(s) In	formation:	(List <u>all</u> o	wners sep	arately.	If necessary	y, attach a	dditional s	heets)			
1.) Owner Name:					2.) Owner	· Name:					
Check here if Owne	r lives at Ac	ddress :			Check her	re if Owner	r lives at A	ddress :			
Address:					Address:						
Home # Work #		rk#	Cell#		Home #		Work #		Ce	Cell #	
Date: Signature:					List Family Member(s) that live at property:						
Part III Local Agen (Required if no own REQUIRED ATTAC	er lives in	ion:	ı, Madison	, Cortlan	nd or Cayug	ga County)	1		fice Use Only		
(Required if no own REQUIRED ATTAC Local Agent Name:	er lives in	ion:	ı, Madison	, Cortlan	nd or Cayug	ga County))	Total Unit			
(Required if no own	er lives in	ion:	n, Madison	, Cortlan	nd or Cayug	ga County)		Total Unit Registrati \$15 per U	ts on nit =		
(Required if no own REQUIRED ATTAC Local Agent Name:	er lives in	ion:	a, Madison	, Cortlan	nd or Cayug	ga County)		Total Unit	ts on nit =		
(Required if no own REQUIRED ATTAC Local Agent Name: Address:	er lives in	ion:	a, Madison	, Cortlan	nd or Cayug	ga County)		Total Unit Registrati \$15 per U Account # Inspection	on nit = <i>415610A</i>		
(Required if no own REQUIRED ATTAC Local Agent Name: Address: Home #	er lives in	ion:	ı, Madison	, Cortlan	ad or Cayug	ga County)		Total Unit Registrati \$15 per U Account # Inspection	on nit = 4415610A n Fee nit =		
(Required if no own REQUIRED ATTAC Local Agent Name: Address: Home # Work # Cell #	er lives in	ion:	ı, Madison	, Cortlan	nd or Cayug	ga County)		Total Unit Registrati \$15 per U Account # Inspection \$25 per U Account #	on nit = 4415610A n Fee nit =		
(Required if no own REQUIRED ATTAC Local Agent Name: Address: Home # Work #	er lives in	ion:	n, Madison	, Cortlan	nd or Cayug	ga County)		Total Unit Registrati \$15 per U Account # Inspection \$25 per U Account # Total Fee	on nit = 415610A n Fee nit = 415600A		