



Property Owner Registration

Property Information

Registration ID:

Rental Address:

Parcel No.:

Enforcement District:

Total Buildings:

Category:

Zoning District:

Total Units:

Property Owner Information

Property Agent (if applicable)

Name:

Property Manager Name:

Owner Address:

Manager Address:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

Corporation Owner and Partner(s)

Corp. Name:

I have attached a copy of the occupancy affidavit. (if applicable)

Special Conditions

Notes: (Please provide any and all pertinent changes to this property below)

I hereby acknowledge that I am required to furnish in writing to the program administrator any changes of address of owner or agent within ten (10) days of the change.

_____ I hereby grant my consent to the city of West Lafayette to conduct the inspection under Chapter 6 Article V of the city code.

SIGNATURE

DATE