



For office use only
Received by: _____
Date: _____

Rental Housing Registration

Date: _____

Contact Information

Property Owner: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred method of contact: _____

Authorized agent or manager (other than owner): _____

Agent contact information: _____

Rental Property Information – please list your rental properties in the City of Estherville below.

Property Address	Number of Units
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

*Use additional forms as needed

I certify that the information I provided is true and correct to the best of my knowledge. I understand it is my responsibility to report the sale of units or register new units within 30 days of the event.

Owner Date