

DATE _____

RENTAL HOUSING REGISTRATION FORM

CITY OF CARROLL, IOWA

Rental Property Address	Parcel Number
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Total Number Of Units in Property

PROPERTY OWNER INFORMATION		
Name	Mailing Address	
Phone	Phone (Additional)	E-mail

PROPERTY MANAGER INFORMATION (if same as Owner, check here <input type="checkbox"/>)		
Name	Mailing Address	
Phone	Phone (Additional)	E-mail

Primary Contact?:	<input type="checkbox"/>	Property Owner	<input type="checkbox"/>	Property Manager
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REVIEW NOTICE & SIGN BELOW
As the property owner (or owner's representative), I understand that I am subject to the rental housing regulations of the City of Carroll, including but not limited to the right of the City to perform inspections on my property as part of the rental housing requirements. I understand that it is my duty to notify my tenants of any upcoming inspections and to either be present or have a representative, that is at least 18 years of age, present during the inspection. By my signature below, I am certifying that the rental units identified in this form comply with the building regulations identified in Chapter 158 of the Carroll Municipal Code.

Signature of owner or authorized agent	Date
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FEEES
Permit Fee - First Unit in Building _____ x \$35.00
Permit Fee - Each Add'l Unit in Building _____ x \$10.00
TOTAL AMOUNT DUE \$

CITY OF CARROLL USE ONLY	
COMPLIANCE CERTIFICATE	
Date Received:	_____
Notes:	_____

Rental Compliance Certificate Effective Date:	____/____/20__	through	03/31/20__
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WHEN PROPERLY APPROVED BELOW THIS IS YOUR CERTIFICATE	
Date:	Approved by: