

Rental Property Owner

OWNER NAME 1: (<i>IF APPLICABLE</i>)	ADDRESS:	
EMAIL:		
PHONE #:	CELL PHONE #:	
WORK PLACE:	WORK PHONE #:	

OWNER NAME 2:(IF APPLICABLE)	ADDRESS:	
EMAIL:		
PHONE #:	CELL PHONE #:	
WORK PLACE:	WORK PHONE #:	

OWNER NAME 3: (<i>IF APPLICABLE</i>)	ADDRESS:
EMAIL:	
PHONE #:	CELL PHONE #:
WORK PLACE:	WORK PHONE #:

Rental Property Manager

MANAGER NAME 1:(IF APPLICABLE)	ADDRESS:	
EMAIL:		
PHONE #:	CELL PHONE #:	
WORK PLACE:	WORK PHONE #:	

Rental Property Location

ON LOCATION AGENT (IF APPLICABLE): PROPERTY ADDRESS: AGENT PHONE #: AGENT CELL PHONE #: NUMBER OF RENTAL UNITS: _______ NUMBER OF BUILDINGS: ________ APPLICATION FEE: FEE INCREASED BY 50% IF PAID AFTER NOV. IST AMT PAID: DATE PAID: UNDER 4 RENTAL PROPERTIES: \$40.00 PER UNIT UP TO \$100.00 4 RENTAL PROPERTIES AND OVER: \$50.00 PER STRUCTURE