



Rental Dwelling Registration

ONE APPLICATION PER UNIT IS REQUIRED

1. Rental Unit Information:

Rental Address _____ Unit # _____
Single Family Dwelling _____ Duplex _____ Multi-family _____ RV / Mobile Home Park _____
of Bedrooms _____

2. Property Owner / Manager Information:

Owner/Manager Name _____
Mailing Address _____
City _____ St _____ Zip _____
Phone _____ Date of birth _____ Email _____

3. Tenant Information:

Primary Tenant's Name _____

Mailing Address _____
City _____ St _____ Zip _____
Phone _____ Date of birth _____ Email _____
Number of occupants in this unit _____

Please list all other occupants (legal name and date of birth) that are over the age of 12.

Tenant #2: _____ DOB _____

Tenant #3 _____ DOB _____

Tenant #4 _____ DOB _____

Tenant #5 _____ DOB _____

(Use the back of this form for additional tenants if necessary.)

My Signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my dwelling must comply with all City of Grandview codes and ordinances.

Signature of Owner _____ Date _____

Signature of Primary Tenant _____ Date _____