



**Knox Planning Commission**  
**Bruce Williams, Planning Commissioner**

**City of Knox Rental Registration Application**

Property Owners: Pursuant to Ordinance No. 897 of the City of Knox, any and all rental housing must be registered with the City of Knox Planning Commission each year. Please complete this form, and return to the Knox Planning Commission by the date below. Please enclose \$25.00 per unit. Late registration could result in a \$500.00 fine. When you are registered please set up an appointment for the unit to be inspected, within 10 days.

Owner(s) last name starts with:

A-E by January 31 of each year

F-J by February 28 of each year

K-O by March 31 of each year

P-T by April 30 of each year

U-Z by May 31 of each year

Section I: Complete in the name in which legal title is assigned to property. Please print or type.

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Section II: Complete only if the owner uses the services of an agent (a person or business who manages or operates the rental property for the owner). Please print or type.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Section III: Please complete the following for each rental and remit \$25.00 per unit. Copy the following page if you need to add more rentals.

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**Rental Structure Address:** \_\_\_\_\_

Please check the type of structure that applies to your Rental Structure:

Type: Single family \_\_\_\_\_  
Multi family \_\_\_\_\_ No. of Units \_\_\_\_\_ Units Labeled as: \_\_\_\_\_  
Rooming House \_\_\_\_\_ No. of Rooms \_\_\_\_\_

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**Rental Structure Address:** \_\_\_\_\_

Please check the type of structure that applies to your Rental Structure:

Type: Single family \_\_\_\_\_  
Multi family \_\_\_\_\_ No. of Units \_\_\_\_\_ Units Labeled as: \_\_\_\_\_  
Rooming House \_\_\_\_\_ No. of Rooms \_\_\_\_\_

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**Rental Structure Address:** \_\_\_\_\_

Please check the type of structure that applies to your Rental Structure:

Type: Single family \_\_\_\_\_  
Multi family \_\_\_\_\_ No. of Units \_\_\_\_\_ Units Labeled as: \_\_\_\_\_  
Rooming House \_\_\_\_\_ No. of Rooms \_\_\_\_\_

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**Rental Structure Address:** \_\_\_\_\_

Please check the type of structure that applies to your Rental Structure:

Type: Single family \_\_\_\_\_  
Multi family \_\_\_\_\_ No. of Units \_\_\_\_\_ Units Labeled as: \_\_\_\_\_  
Rooming House \_\_\_\_\_ No. of Rooms \_\_\_\_\_

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**Rental Structure Address:** \_\_\_\_\_

Please check the type of structure that applies to your Rental Structure:

Type: Single family \_\_\_\_\_  
Multi family \_\_\_\_\_ No. of Units \_\_\_\_\_ Units Labeled as: \_\_\_\_\_  
Rooming House \_\_\_\_\_ No. of Rooms \_\_\_\_\_

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*Sign to verify that the information on this form is correct.*

Owner or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_