

Office of Building, Planning, & Code Compliance
 101 W. Washington St.
 Knox, IN 46534
 (574)772-5445
 planningcomm@cityofknox.net

Rental Registration

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 \$5.00 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: Fill in the name in which the legal title is assigned to the property. Please print or type.

Owner's Name _____

Address _____

Telephone _____ Cell _____

Fax _____ E-Mail _____

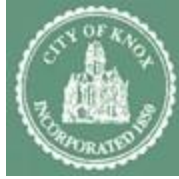
Section II: Complete only if the owner uses the services of an agent (a person or business who manages or operates the rental property for the owner). Please print or type.

Agent Name _____

Address _____

Telephone _____ Cell _____

Fax _____ E-Mail _____



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Section III: Please complete the following for each rental property. Copy this page if you need to add more rentals.

Rental Structure Address: _____

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

Type: Single Family ____
 Multi-Family ____ Number of Units ____ Units Labeled as: _____
 Rooming House ____ Number of Rooms ____

Rental Structure Address: _____

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

Type: Single Family ____
 Multi-Family ____ Number of Units ____ Units Labeled as: _____
 Rooming House ____ Number of Rooms ____

Rental Structure Address: _____

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

Type: Single Family ____
 Multi-Family ____ Number of Units ____ Units Labeled as: _____
 Rooming House ____ Number of Rooms ____

Sign to verify that the information on the enclosed forms is correct.

Owner/Agent Signature: _____ Date: _____