

**RESIDENTIAL RENTAL UNIT****REGISTRATION FORM****CITY OF MONTGOMERY**

201 ASH AVE S.W.

MONTGOMERY, MN 56069

507.364.8888 (PHONE)

GENERAL@CITYOFMONTGOMERYMN.COM

**OFFICE USE ONLY**

Application Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Processed /Mailed: \_\_\_\_\_

**RENTAL PROPERTY: BUILDING TYPE:** ☐ SINGLE FAMILY HOME ☐ DUPLEX ☐ TOWNHOME ☐ MULTI UNIT BUILDING

NAME OF COMPLEX (IF APPLICABLE) \_\_\_\_\_

RENTAL ADDRESS \_\_\_\_\_

PID# \_\_\_\_\_

NUMBER OF LEGAL BEDROOMS \_\_\_\_\_

TOTAL NUMBER OF UNITS \_\_\_\_\_

BEDROOM #1 \_\_\_\_\_

BEDROOM #3 \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_

BEDROOM #2 \_\_\_\_\_

BEDROOM #4 \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_

**FOR MULTIPLE UNITS , PLEASE SEE BACK OF APPLICATION****PROPERTY OWNER:** ☐ PARTNERSHIP ☐ CORPORATION ☐ COMPANY ☐ OTHER: \_\_\_\_\_

NAME	ADDRESS	CITY	STATE/ZIP	PHONE

PLEASE SUBMIT NAMES AND ADDRESS OF **ALL OWNERS AND OFFICERS** OF THE RENTAL DWELLING**MAIN/EMERGENCY CONTACT:**

NAME	PHONE
ADDRESS	EMAIL
CITY	STATE ZIP

**PROPERTY MANAGER (IF APPLICABLE)**

NAME	PHONE
ADDRESS	
CITY	STATE ZIP

**NOTE:** IF YOU ARE NO LONGER THE CONTACT, OWN THE PROPERTY, MANAGE THE PROPERTY, OR ANY OTHER CHANGE PLEASE CONTACT THE CITY OF MONTGOMERY OR MAKE CHANGES TO THIS FORM AND RETURN, THANK YOU.

THE APPLICANT MUST BE 18 YEARS OR OLDER. PLEASE NOTIFY THE CITY WITHIN 5 BUSINESS DAYS OF ANY CHANGE IN THE INFORMATION GIVEN ON THIS APPLICATION. REAL ESTATE TAX, UTILITY ACCOUNTS AND ASSESSMENTS MUST BE CURRENT AT ALL TIMES. YOU MUST HAVE 2 OFF STREET PARKING SPACES PER UNIT. GARBAGE STORAGE AND DISPOSAL PLAN MUST BE IN PLACE. IT IS THE **BUILDING OWNER'S** RESPONSIBILITY TO MAINTAIN THE PROPERTY IN COMPLIANCE WITH THE RENTAL ORDINANCE. THE UNDERSIGNED REPRESENTS THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTANDS THE REQUIREMENTS OF CHAPTER 14, CITY OF MONTGOMERY RENTAL CODE.

OWNER NAME: PLEASE PRINT \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Dwelling Unit # ____ and its sq. ft. ____	Dwelling Unit # ____ and its sq. ft. ____	Dwelling Unit # ____ and its sq. ft. ____
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