



Rental Housing Registration Form

This form is to be filled out completely. One form is needed for each property. Please return to the Oskaloosa Development Services Department at: 220 South Market Street, Oskaloosa, IA 52577.

DATE OF APPLICATION: _____

PROPERTY INFORMATION

ADDRESS: _____ Number of Units: _____
DATE LAST INSPECTED: _____ (if not inspected, write "none")

TYPE OF APPLICATION

NEW APPLICATION RENEWAL CHANGE IN OWNERSHIP

PROPERTY OWNER

CHECK IF EMERGENCY CONTACT

NAME/BUSINESS _____ CONTACT NAME (IF BUSINESS OR LLC): _____
ADDRESS: _____ CITY: _____ State: _____ Zip: _____
PHONE: _____ CELL: _____ EMAIL: _____

OWNER'S AUTHORIZED AGENT, PROPERTY MANAGER OR LOCAL DESIGNEE CHECK IF EMERGENCY CONTACT

SAME AS OWNER (CHECK THIS BOX AND SKIP THE FOLLOWING PORTION IF OWNER IS MAIN CONTACT)

NAME/BUSINESS _____ CONTACT NAME (IF BUSINESS OR LLC): _____
ADDRESS: _____ CITY: _____ State: _____ Zip: _____
PHONE: _____ CELL: _____ EMAIL: _____

DISCLAIMER AND SIGNATURE (REQUIRED)

As the property owner (or owner's representative), I understand that I am subject to the rental housing regulations of the City of Oskaloosa, including but not limited to the right of the City to perform inspections on my property as part of the rental housing requirements. I understand that it is my duty to notify my tenants of upcoming inspections and to either be present or have a representative, that is a least 18 years of age, present during the inspection. By my signature below, I am certifying that the rental units identified in this form comply with building regulations identified in Oskaloosa Municipal Code, Chapters 8, 15, and 17 as summarized in Attachment A: Rental Housing Inspection Checklist.

(Print)

(Date)

(Signature)

(Date)

Please make checks payable to "City of Oskaloosa"
Registration Fee: (\$15) x (years) x (units)

OFFICIAL USE ONLY

RECEIVED BY: _____

DATE RECEIVED: _____