

APPLICATION FOR RENTAL REGISTRATION

City of Montevideo
103 Canton Avenue, P.O. Box 517 .
Montevideo, MN 56265
(320) 269-6575; FAX (320) 269-9340

(Use separate registration sheet for each building)

1. Address of rental property: _____
2. Type of rental property (mobile home, single-family home, duplex, multiple family apartments, dormitory or sleeping rooms.) _____
3. Total # of rental units: _____
4. Parcel # of rental property: _____
5. Owner/Partner/Corporate Officer information of above rental property:
Name: _____
Address: _____ County: _____
Phone (daytime): _____ Evening: _____
Fax Number: _____
6. Caretaker/manager for above rental property: (Please note: If the owner does not live in Chippewa, Lac Qui Parle or Yellow Medicine County, there must be a designated property manager/caretaker locally to contact in case of emergency, etc.)
Name: _____
Address: _____ County: _____
Phone (daytime): _____ Evening: _____
Fax Number: _____
7. Person authorized to make or order repairs or services (if different than owner or property manager.)
Name: _____
Address: _____ County: _____
Phone (daytime): _____ Evening: _____
Fax Number: _____

8. NOTICE TO APPLICANTS:

- A. The city must be notified, in writing, within five (5) business days of any transfer of legal control.
- B. Copies of the Housing Code of the City of Montevideo, are available from the city office. Owners, agents and managers should become familiar with its provisions.
- C. Failure to register rental property could result in fines or a misdemeanor conviction.

9. APPLICATION:

The undersigned hereby applies for a rental dwelling registration as required by city ordinance, acknowledges that the provisions of the housing code have been reviewed and attests that the subject premises will be operated and maintained according to the requirements contained therein, subject to applicable sanctions and penalties. The undersigned further agrees that the subject premises may be inspected by the compliance official. The applicant further certifies that all statements and facts in this application are true and authorizes the City of Montevideo to investigate any or all statements or facts contained herein; acknowledging that the misrepresentation or the omission of facts called for will be just course for the disqualification or repeal of this registration.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND I UNDERSTAND ALL MAILINGS (INCLUDING THE ANNUAL RENTAL LICENSE BILLING STATEMENT) WILL BE MAILED TO THE APPOINTED AGENT/CONTACT PERSON UNLESS CITY CLERK IS NOTIFIED OF ANY CHANGES.

_____ Date
 Signature of Owner

_____ Date
 Signature of Property Manager (if other than owner)

Caution: Your signature as property manager on this form will make you responsible for the maintenance and management of this rental property.

Subscribed and sworn to before me this _____ day of _____, 20____ by _____, Notary Public, _____ County

 City Use Only

Total # of units _____ x _____ + _____ = _____
 Total Fee