CITY OF CARBONDALE
RENTAL HOUSING REGISTRATION AND DESIGNATION OF AGENT

The purpose of this filing is: (Check all that apply)

☐ Initial Information ☐ Change of Ownership Information ☐ Renewal

☐ Change in Property Information ☐ Change in Agent/Agent's Information

OWNERSHIP INFORMATION

Company Name (if applicable) _____

Owner(s)/Chief Officer _____ / ____ / _____

Last First Mi Driver's License #/Issuing State DOB

Mailing Address _____

City State Zip Code

Contact # (_____) _____ (_____) _____ (_____) _____ _____

Home Work Cell Email address

Owner is:

☐ Individual(s) ☐ Partnership ☐ Corporation/LLC ☐ Land Trust ☐ Estate ☐ Other (indicate)_____

- If partnership, list names, addresses and telephone numbers of partners on reverse side.
- If corporation, list names, addresses and telephone numbers of corporate officers and agent and state of incorporation on reverse side.
- If land trust, list names, addresses and telephone numbers of trustee on reverse side.

PROPERTY INFORMATION

Address	# of Dwelling Units	Type of Dwelling(s)* (Circle all that apply)
1.		H_____ MH_____ D_____ A_____ O_____
2.		H_____ MH_____ D_____ A_____ O_____
3.		H_____ MH_____ D_____ A_____ O_____
4.		H_____ MH_____ D_____ A_____ O_____
5.		H_____ MH_____ D_____ A_____ O_____
6.		H_____ MH_____ D_____ A_____ O_____
7.		H_____ MH_____ D_____ A_____ O_____
8.		H_____ MH_____ D_____ A_____ O_____

If more room is needed, continue on reverse side or attach list.

***H** = House (Single Unit Dwelling) **MH** = Mobile Home **D** = Duplex **A** = Apartment **O** = Other (explain on reverse side)

– Continued on Reverse Side –

For City Use Only	
Date Received _____	Database Input Date _____

AGENT INFORMATION

Note: *Individual property owners who reside in Jackson, Union, Williamson, Randolph, Franklin or Perry County, Illinois may designate themselves as Agent. All other owners must designate as an Agent a person who resides in one of the above listed counties.*

Agent is: ☐ the Owner *or*

Agent's Name: _____

Last Name or Company Name First Mi

Home Address _____

City State Zip Code

Work Address _____

City State Zip Code

Contact # (_____) _____ (_____) _____ (_____) _____ _____

Home Work Cell Email address

The undersigned owner affirms that the information herein is correct and hereby designates the above named Agent to receive notices concerning the listed property(ies). The Agent or his/her designee is also authorized to grant the City of Carbondale access to the interior and exterior of the listed property(ies) for the purpose of conducting housing inspections pursuant to Revised Code of the City of Carbondale Section 4-4-16-D.

Signature _____ Date _____

The undersigned acknowledge that he/she is the agent for the above owner for the herein listed property(ies) and agrees to accept notices from the City concerning the listed property(ies) and to grant the city access to the interior and exterior of the listed property(ies) for the purpose of conducting housing inspections pursuant to the Revised Code of the City of Carbondale Section 4-4-16-D.

Signature _____ Date _____

Additional Information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Return to: City of Carbondale
Building and Neighborhood Services Division
200 South Illinois Avenue
PO Box 2047
Carbondale IL 62902-2047
Telephone No. 618-457-3237