

REGISTRATION FORM FOR AUTHORIZING AGENT

Date:		
Property Owner's Name:		
Property Owner's Name: (If an owner is	a business, enter the name of	the business and principal owner)
Property Owner's Residential Address: (P.O. Box NOT acceptable; if the owner is but	usiness, enter the business address	and principal owner's residential address
Property Owner's City, State, Zip:		
Property Owner's Telephone No.:	ALT. #	
Sate ID, Driver's License Number:		
If the owner of the rental property wish to accept notices and process	hes to designate an agent to b s applications, please fill in th	1 1 V
Name of Agent	Address	(DO Pownet accentable)
City, State, Zip	Phone #	Alt. #
State ID, Driver's License		
Please list the agent's authority, i.e., manage pr	operty, order inspections, and author	ize occupancy etc
Single or	Duplex Building Dwelling	Units
Rental Address:	Rental Address:	
Rental Address:	Rental Address:	
(If additional space is needed, please	use the back of this form, or	submit a separate piece of paper)
If the property is a National list the address of each building	Multi-Family Dwelling Unit ng and the number of dwe	•
Address of Building:		Number of Units
Address of Building: (If additional space is needed, please		Number of Units
(If additional space is needed, please	use the back of this form, or	submit a separate piece of paper)
SIGNATURE OF OWNER		