



CITY OF MILAN
RENTAL PROPERTY REGISTRATION
 212 E. 2nd Street, P.O. Box 247, Milan, MO 63556
 Phone: (660) 265-4411 | Fax: (660) 265-3005

PROPERTY INFORMATION

Property Street Address: _____

Does property currently have City Utilities? _____ If so, what utilities?) _____

Has Building Permit been issued at this property within last 10 years? _____ If so, what for? _____

Type of Unit(s): Single-Family [] Two-Family [] Multi-Family [] Duplex [] Apt.Bldg. []

ARE PETS ALLOWED ON PROPERTY? _____ TYPE(S) OF PETS AND HOW MANY? _____ REGISTERED WITH CITY? _____

OWNER(S) INFORMATION

Company Name (If Applicable): _____

Name of Point of Contact for Company: _____

Owner(s) Name: _____ Date of Birth: _____

Owner Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

I affirm the information contained in this registration form is correct and that the Agent/Emergency Contact listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information, changes to the local Agent information, or change in tenant information.

Signature of Property Owner: _____ Date: _____

RESPONSIBLE LOCAL AGENT INFORMATION

Individual person who represents the owner, a real estate holding company, corporation, partnership, or other legal entity and must have a place of residence in the state within 45 miles of the City limits.

Company Name (If Applicable): _____

Name of Point of Contact for Company: _____

Agent Name: _____ Date of Birth: _____

Agent Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____



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I affirm that the information contained in this registration form is correct.

Signature of Agent: _____ Date: _____

EMERGENCY CONTACT INFORMATION- **REQUIRED**

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

TENANT INFORMATION **REQUIRED**

Name of Primary Lessee/Tenant: _____

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

of Occupants: _____ Tenant Move-In Date: _____ Term of Lease: _____

OFFICE USE ONLY

Received by (initials): _____

Date Stamp Received: _____

Cash Credit Card Check #: _____

Entered Digitally: _____ Employee Initials: _____