

## CITY OF BLOOMINGTON RENTAL PROPERTY REGISTRATION FORM

HOUSING & NEIGHBORHOOD DEVELOPMENT P.O. BOX 100 BLOOMINGTON, IN 47401

PHONE: (812) 349-3420 FAX: (812) 349-3582

EMAIL: hand@bloomington.in.gov

NOTE: <u>All fields are mandatory</u>. Permit Renewal notifications are sent via email to the owner and the agent on record. No paper reminders are mailed. Please keep information up-to-date.

	SS: # OF BEDROOMS: _		EAT SOURCE: GAS □ ELECTR	IC [
			e an in-state agent for service of	
NAME OR COMPANY: If using a P.O. Box, A Street Address Where				
STREET ADDRESS:				
CITY:		STATE:	ZIP:	
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL:				
Please check your preferre	ed Emergency Phone Contact	Number below:		
HOME:	□ WORK:		CELL:	
	AGENT	INFORMATION		
NAME OR COMPANY:				
If using a P.O. Box , A Street Address Where STREET ADDRESS:	You May be Located Must Be Provided			
CITY:		STATE:	ZIP:	
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL:				
Please check your preferre	ed Emergency Phone Contact 1	Number below:		
HOME:	□ WORK:		CELL:	
OWNER'S SIGNATURE (	REOURED)	OWNER'S NAME	DATE	

## Register any additional properties which you own in the space below:

OWNER'S SIGNATURE (REC	QUIRED) OWNER'S N	NAME DATE
		MEAN SOURCE. GINS II BEECHNIC II
		HEAT SOURCE: GAS □ ELECTRIC □
		HEAT SOURCE: GAS □ ELECTRIC □
		HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
		HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
		HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
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# OF UNITS:	# OF BEDROOMS:	HEAT SOURCE: GAS □ ELECTRIC □
PROPERTY ADDRESS:		
DDODEDTV ADDDECC.		