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: **All fields are mandatory**. 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.*

PROPERTY ADDRESS: _____

OF UNITS: _____ # OF BEDROOMS: _____ HEAT SOURCE: GAS ☐ ELECTRIC ☐

OWNER INFORMATION

Any owner who resides outside the state of Indiana is required to designate an in-state agent for service of process and other notices regarding the property. (BMC 16.03.020)

NAME OR COMPANY:		
If using a P.O. Box , A Street Address Where You May be Located Must Be Provided STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		

Please check your preferred Emergency Phone Contact Number below:

HOME: ○	WORK: ○	CELL: ○

AGENT INFORMATION

NAME OR COMPANY:		
If using a P.O. Box , A Street Address Where You May be Located Must Be Provided STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		

Please check your preferred Emergency Phone Contact Number below:

HOME: ○	WORK: ○	CELL: ○

_____ _____ _____

OWNER'S SIGNATURE (REQUIRED) **OWNER'S NAME** **DATE**

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

PROPERTY ADDRESS: ____

OF UNITS: ________________ # OF BEDROOMS: _________________ HEAT SOURCE: GAS ☐ ELECTRIC ☐

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_______________________________ _______________________________ ____________

OWNER'S SIGNATURE (REQUIRED) **OWNER'S NAME** **DATE**