

CITY OF NORWICH
BUILDING & CODES DEPARTMENT
31 East Main Street
Norwich NY 13815
Tel. 607-334-1233 Fax: 607-334-1208

RENTAL REGISTRATION FORM

Please - type or print clearly

1. Address of Rental Property: _____ Tax ID #: _____

2. Names(s) of owner(s): _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

If the owner resides outside of Chenango County, New York a property agent is required:

3. Property Agent Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

4. Type of Premises: Single Family
 Two Family
 Multi Family # of Units _____
 Mixed Use (i.e. store/office; apartment(s) # of Units _____
 Boarding House/Rooming House # of Units _____

5. Do you have an automatic fire alarm system? yes no

6. The owner/property agent must give notice to the building occupants, prior to any inspection of living quarters. Failure to serve notice of inspection on occupants may constitute a violation of tenant's rights. Your signature on this document acknowledges your responsibility in this matter and affiliated obligation to serve notice of inspection.

7. I here by consent to grant right of entry to above referenced property for the purpose of inspection to ensure compliance with the Codes of the City of Norwich.

Signature of owner(s)

Signature of Property Agent

Date

Date