



Rental Registration Form Hammond, Indiana

Receipt # _____
Year: **2016**

Fee: \$5 per rental unit due by April 15th.

\$500 late fee will be assessed per unit after April 15th.

Please make check payable to: **CITY OF HAMMOND** Mail to: 5925 Calumet Ave., Hammond, IN 46320

☐ I acknowledge that this fee is due yearly, between Jan. 1 and April 15th.

☐ I acknowledge that all rental units are subject to inspection and all registered units do not necessarily confirm units are legal and/or safe according to fire and building codes.

Rental Property Address <i>Only One Address per form</i>	Number (Example: 5925)		Street Name Calumet			Type Ave.	Zip Code 46320	
Owner Name (Complete One)	Company (Owner)	Company Name						
		Contact Name						
	Individual(s) (Owner)	Last Name						
		First Name						
Owner Contact Info (No P.O. Boxes or Management Addresses)	Address							
	City/State/Zip							
	Phone			E-mail Address :				
Management/ Emergency Contact Information	Name							
	Complete Mailing Address							
	Phone #							
Insurance Information	Company							
	Policy Number					Policy Expiration Date:		
	Phone							
Unit & Tenant Information <u>Landlords are responsible for providing up to date tenant information.</u>		UNIT #	Tenant First Name	Tenant Last Name	Tenant Phone Number	# of Bed-rooms	Office Use Only Sticker #	Office Use Only Cost \$
	1							
	2							
	3							
	4							
	5							
	6							
Applicant's Signature	By signing below, applicant swears all information provided on application is true to the best of their knowledge and acknowledges the entire application was read and understood. X _____ Date _____							

