

Rental Property Registration Form

			<u>2015-2016</u>
Name:			
Address:			_
City:	State	Zip	

INSTRUCTIONS FOR COMPLETING THIS FORM:

- 1) Complete all sections on **BOTH sides of this Form** (indicate N/A if not applicable)
- 2) Sign & Date the form Reverse Side at the bottom signature line
- 3) Return this Form In Its Entirety -With Your Payment.

<u>SECTION I -Property Information</u> Our records indicate you own (or manage) the rental property at the following address:

Permaner	nt Parcel N	lumber:		Pr	operty Address:			
Rental Property Registration Fee		For Billing Period:		October 15, 2015-October 14, 2016				
	<u>#Units</u>	Type of Unit			<u>Rate/Year</u>			<u>Total/Unit</u>
		Single Family/Condo Duplex Apartment Building Apartment Units	(a) (a) (a) (a)	\$ \$	 \$55 /year \$70 /year \$65 /year \$16 /year Current Due: Previous Balanc Late Penalties TOTAL DUE: 	= = = = = = = =	\$ \$ \$ \$ \$ \$ \$	
-							*	

Payment

Please print your Permanent Parcel Number on your Check. **Make Checks Payable to: City of Urbana**. Please return this <u>entire</u> completed form with payment to: City of Urbana, Municipal Collector, P.O. Box 219, Urbana, IL 61803-0219, or you may pay in person at the City of Urbana, Finance Department, 400 South Vine Street, Urbana, Illinois 61801. If you believe there is an error with this billing, please do not hesitate to call our office at (217) 384-2443.

<u>SECTION II: INSTRUCTIONS</u>: Please update any inaccurate or missing information below.

Owners Contact Information (Indicate Registered Agent if owned by a Corporation)

Please check here if this is th	e billing address			
Owner's Name:				
Mailing Address:	street			
Mailing Address:				
Daytime Telephone:	city	Evening Telephone:	state	zip code
Fax:		E-mail Address:		

NOTE – CONTINUE COMPLETE AND SIGN ON REVERSE

Local Agent Information: The Owner of any rental unit <u>must be able to respond to an emergency on a 24-hour basis</u>. This may be met by maintaining an operating business or owner residence within 60 miles of the rental unit or by designation below of a local agent in Champaign County or an adjacent county.

Check here if this is the bi	lling address			
Agent's Name:				
Mailing Address:	street			
Mailing Address:				
Daytime Telephone:				zip code
Fax:		E-mail Address:		
		formation for mortgage holder, if there is a mo		roperty.
Mailing Address:	street	city	state	zip code
Telephone:	Fax:	E-mail Address:		
Check here if this is a rent	al	mation for any buyer on a Contract for Deed	ng address	
Mailing Address:	street	city	state	zip code
Telephone:	Fax:	E-mail Address:		

Terms of Rental Registration Program

By signing this form the Owner and Local Agent (if applicable) agree to comply with the following terms:

- NO OWNER SHALL BE ALLOWED TO REGISTER ANY PROPERTY IF THE OWNER HAS OUTSTANDING FEES OR FINES DUE AND OWING TO THE CITY.
- Any changes occurring in ownership of a rental unit shall require the new owner to apply for registration within 30 days of taking ownership.
- That no rental unit has been rented or leased or offered for rent or lease in a manner which would result in violation of the occupancy levels permitted by the Urbana Zoning Ordinance or a Certificate of Occupancy.
- That both the interior and exterior of each rental property shall be periodically inspected by the Building Official, under the provisions established by the adopting Ordinance.
- That a Rental Agreement Addendum has been executed by the owner or local agent and by each tenant for rental units consisting of a single family, duplex, common lot line, multiple family, or loft dwelling unit types.
- That failure to adhere to these terms and others outlined in the adopting Ordinance may result in violation of the Rental Registration Ordinance, fines, and assignment of a "Class F" to the property. "Class F" properties may not be rented. Please see: <u>http://urbanaillinois.us/RRP</u> for complete details.