RENTAL PROPERTY REGISTRATION FORM

Dear Rental Property Owner:

Pursuant to Postville City Ordinance # 152.02, "Residential Rental Property" either the owner or manager shall register all residential rental properties with the City of Postville. In the case of a transfer of ownership, change in rental manager, change in the number of rental units or change in dwelling occupancy from owner occupied to rental, the property owner or manager shall complete and submit a registration form for each and every property affected by the transfer.

Please complete a separate registration form for each residential rental property address.

Check one of the following that applies:

Requirement to update information. Within thirty (30) days of the transfer of ownership, change in rental manager, change in the number of rental units or change in the dwelling occupancy from owner occupied to rental, the property owner or manager shall complete and submit a registration form for each and every property affected by the transfer.

□ New Rental Registration	□ Change of Owner		□ Change of Rental Manager			
□ Change of Address/Phone □ Change in Number		lumber of Units	er of Units Change from Owner Occupancy to Rental Tenant Occupancy			
I. Person Completing Re	gistration Form					
First Name:		Middle Name:		Last Name:		
Street:		City:		State:	Zip:	
Home Phone:		Work Phone:				
E-Mail Address:						
II. Property Information Legal Address of Property:						
Number:	Street:		City:		State:	
Zip:				ling Name:		
III. Property Owner Name (if owner is a natural person	on:					
First Name:		Middle Name:		Last Name:		
Name (if owner is a business:						
Legal Address:						
Street:		City:		State:	Zip:	
Home Phone:	 	Work Phone:				
E-Mail Address:						
IV. Rental Manager A rental manager is any nor control of a residential reproperty. A RENTAL MAN who will serve as a point of other Chapter of the City C	ental property and NAGER IS REQU of contact for all co	I is able to respon IRED. Each resident Immunications fro	nd in-person to i dential rental pro om the City perta	ssues related to the operty owner shall apaining to the adminis	residential rental opoint a rental manager tration of this or any	
First Name:		Middle Name:		Last Name:		
Street:		City:			Zip:	
Home Phone:		Work Phone:				
E-Mail Address:						

After completing this form in its entirety, submit it either electronically, by mail or in person:

City of Postville
ATTN: Rental Registration
147 N. Lawler St.
P O Box 242
Postville IA 52162

Postville, IA 52162 Fax: 563-864-7407

E-mail: postcityclerk@neitel.net