



Single Family Dwelling / Duplex
RENTAL UNIT REGISTRATION FORM

Building Services 1201 6th St SW Cedar Rapids, IA 52404
Housing (319) 286-5197 / Fax (319) 286-5830 / CED Main Line (319) 286-5831

CITY ISSUED LICENSE NUMBER _____ - _____

(PLEASE PRINT)

Rental Unit Address: _____

Type Rental Unit: _____ Single Family Dwelling; _____ Duplex; GPN # _____

Date of Last Rental Housing Inspection: _____
mm/yyyy

Legal Owner Information: _____ Phone #: (____) _____
Name

Owner Address: _____
Street City State Zip

Email Address: _____ Cell Phone #: (____) _____

(If Applicable)

Legal Co-Owner Information: _____ Phone #: (____) _____
Name

Co Owner Address: _____
Street City State Zip

Email Address: _____ Cell Phone #: (____) _____

(If Applicable)

Property Mgmt / Operator Information: _____
Company Name

Contact Name/Registered Agent: _____; License #: _____

Business Address: _____

Phone # (____) _____ Fax # (____) _____ Cell # (____) _____

Email Address: _____

The person signing this form acknowledges that this property is a residential rental unit and that the owner / operator is properly licensed by the City of Cedar Rapids pursuant to Chapter 29 of the Municipal Code for this activity. Should any registration information change, the Housing Inspections Dept must be notified in writing or by re-submitting of this form within thirty (30) calendar days after the change occurs unless prior arrangements are made with this office. Failure to comply with the provisions of this chapter or to falsify any information on this application may result in the revocation, suspension or denial of this registration. Fees, Fines and Penalties will be assessed in accordance to law. Annual Registration Fees for SFD and Duplex = \$30.00 per structure.

Signature: _____ Date: _____ License # _____
mm/dd/yyyy

PAGE _____ of _____

Single Family Dwelling and Duplex Registration List (CONTINUED)

(PLEASE PRINT)

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