



City of Elkhart
Department of Building & Code Enforcement
229 South Second Street, Elkhart, Indiana 46516
(574) 294- 5471

FOR OFFICE USE ONLY

Amount Received:\$ _____

Check/Money Order# _____

Date _____

Staff Initial _____

Certificate No. _____

Honorable Dick Moore, Mayor
Dennis Mann, Building Commissioner
LISTING FORM

2008 RENTAL

Rental Property Owner: _____

Pursuant to Ordinance No. 4963 of the City of Elkhart, any and all rental housing must be registered with the Building Department each year. Please complete this form, and return to the Elkhart Permit Office along with the rental registration fee of \$10.00 per street address of each rental property.

Section 1 Owner(s) Required. ("Owner" refers to person or persons with legal title)

Please Check: Type of owner: Individual___ Sole Proprietorship___ Partnership___
Corporation___ Trust___ Other___

Owner's Name: _____
Last Name First Name Initial

Address: _____
City State Zip Code

Telephone: _____ E-Mail _____

Tax ID No., of Corporation or Partnership: _____

If the ownership is a Partnership, Corporation or Trust, please complete the following:

Owner's Name: _____

Address: _____
City State Zip Code

Telephone: _____ E-Mail: _____

Facsimile: _____

Section II: Complete only if the Owner uses the services of an agent ("Agent" refers to contact person used to manage and / or operate the Rental Property.) *If the owner lives outside of Elkhart County or an adjacent county this information is mandatory.*

Name of Local agent: _____ Address _____

Telephone: _____ Cell Phone: _____ E-Mail: _____

Please complete the following for each Rental Structure.

A Rental Structure is any building that contains one or more Rental Units

The following fee applies to the number of Rental structures: \$10.00 Per Rental Structures
Late Registration fee is \$10.00 plus a \$200.00 Fine – Per Rental Unit if paid after August 1st.

Rental Structure Address: _____ Apartment No. _____

Please check the type of structure that applies to your Rental Structure:

Type: Single family _____ Multi family _____ Rooming House _____

Rental Structure Address: _____ Apartment No. _____

Please check the type of structure that applies to your Rental Structure:

Type: Single family _____ Multi family _____ Rooming House _____

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Type: Single family _____ Multi family _____ Rooming House _____

Signature to verify that the information on this form is correct.

Owner or Agent Signature _____ Date _____, 2008