NEW / RENEWAL (Payment Require \$20 per unit OR CHANGE OF TENANT	RENTAL UNIT REGISTRATION ************************************			*OFFICE USE ONLY* PAYMENT INFO AMOUNT: \$ CHECK #: DATE: REC'D BY:
Address and Property Tax ID:	Property Inf	ormation		**REQUIRED**
If your property has multiple street addresses, please use a DIFFERENT for			Г form	for EACH ADDRESS.
Property Owner Information				
Owner Name:				
Mailing Address:				
 				
Phone Number:	E-mail:			
PROPERTY MANACEP INFO	All property owners who are not FULL-TIME residents of Monroe County			
MANAGER INFO MUST designate a property manager who resides within the County. Property Manager Name: Image: Name: Nam				
Property Manager Name: Phone Number: E-Mail:				
r none muniber:		E-Mail:		
Signature: Date:				□ Manager
Residential Tenant Information (\$20 Per Unit, Annually)				
UNIT # / FLOOR # (List Adult Tenants Only)				
Full Name				
Email		Ph	none	
	/ FLOOR #			(List Adult Tenants Only)
Full Name				
Email		Ph	none	
UNIT #	/ FLOOR #			(List Adult Tenants Only)
Full Name Full Name				
Email		Phone		
UNIT #	/ FLOOR #			(List Adult Tenants Only)
Full Name				
Email Phone				
COMMERCIAL / BUSINESS RENTALS ONLY (NO FEES)				
Business Name:	Unit #			Floor #
Business Name: Unit #			Floor #	
Business Name: Unit #				Floor #
I CERTIFY THAT THERE ARE NO RESIDENTIAL RENTALS AT THIS ADDRESS.				