

**TOWN OF HOPE, INDIANA**  
**RENTAL REGISTRATION FORM**  
**2015**  
**Effective through August 1, 2015**

**Section I: Name of Owner(s)**

Type of Owner: Individual \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Trust \_\_\_\_\_ Other \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Last Name                      First Name                      Initial

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Company: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section II:** Complete if the owner uses the service of an agent (referring to a contact person used to manage and/or operate the Rental Property and/or if the owner lives outside of Bartholomew County, Indiana. NOTE: Owner shall only be mailed notices, it is the Owner's responsibility to give any such notice to the agent.

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section III:**

Rental Address: \_\_\_\_\_

Single Family \_\_\_\_\_

Multi-Family \_\_\_\_\_ Number of Units \_\_\_\_\_ Units labelled as \_\_\_\_\_

Rooming House \_\_\_\_\_ Number of Rooms \_\_\_\_\_

**Registered this \_\_\_\_\_ day of \_\_\_\_\_, 2015.**

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