



Application for Rental Housing Registration

City of Havre de Grace
711 Pennington Avenue
Havre de Grace, MD 21078
410-939-1800

Today's Date: _____

Rental Property Address: _____

Rental Property Owner's Name: _____ Ph.#(H): _____
Address: _____ (W): _____

Rental Property Co-owner's Name: _____ Ph.# (H): _____
Address: _____ (W): _____

Management Co. (if any): _____ Ph#: _____
Address: _____

(in each) of Rental Units: _____ of Kitchens: _____ Bathrooms: _____ Bedrooms: _____

Year Residence (Home) was constructed: _____

Appointed Resident Agent: _____ Ph.# (H): _____
(Must be individual or company located within the City Limits) (W): _____
Address: _____

Tenant's Name: _____ Ph.# (H): _____
(W): _____

Lease Agreement: _____ Yearly _____ Monthly Date of Move-in: ____/____/____

Appointed Rental Agent's Signature: _____ Date: _____
Property Owner's Signature: _____ Date: _____
Co-owner's Signature: _____ Date: _____

It is the responsibility of the property owner; or their resident agent, to notify The City of Havre de Grace of any change in tenant in writing at the time of the tenant change.
No registration is transferable to another person, or to another housing unit or premises. Every property owner shall give notice in writing to the code official within 72 hours of the transfer of any legal ownership interest or control of any registered housing unit. The notice shall include the name and address of the person succeeding to the ownership interest or control of the housing unit.

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For Office Use Only

Registration Number: _____ Date Issued: _____

City Authorizing Agent's Signature: _____ Date: _____

Comments: _____

