



Rental Property Registration Form

Community Development Services

Name: _____

Address: _____

City: _____ State _____ Zip _____

SECTION I:

Property Information

Our records indicate you own the rental property at the following address:

Permanent Parcel Number: _____ Property Address: _____

Registration Fee

For Period: October 15, 2009- October 14, 2010

<u>#Units</u>	<u>Type of Unit</u>	<u>Rate/Year</u>	<u>Total/Unit</u>
_____	Single Family House	@ \$45 /year	= \$ _____
_____	Duplex	@ \$50 /year	= \$ _____
_____	Apartment Building	@ \$40 /year	= \$ _____
_____	Apartment Units	@ \$10 /year	= \$ _____
	TOTAL DUE:		= \$ _____

Payment

Please print your Permanent Parcel Number on your Check. **Make Checks Payable to: City of Urbana**, P.O. Box 219, Urbana, IL 61803-0219. If you believe there is an error with this billing, please do not hesitate to call our office at (217) 384-2443.

SECTION II:

INSTRUCTIONS: PLEASE COMPLETE THIS FORM FRONT AND BACK, SIGN THE REVERSE SIDE OF THIS FORM, AND RETURN THIS FORM IN ITS ENTIRETY WITH YOUR PAYMENT.

Owners Contact Information (Indicate Registered Agent if owned by a Corporation)

Check here if this is the billing address

Owner's Name: _____

Mailing Address: _____

Mailing Address: _____

Daytime Telephone: _____ Evening Telephone: _____

Fax: _____ E-mail Address: _____

**CONTINUED ON REVERSE
YOUR SIGNATURE IS REQUIRED ON THE REVERSE**

Local Agent Information: If the Owner does not reside within 60 miles of the rental unit OR is not able to be contacted on a 24-hour basis, the Owner must provide information for a Local Agent who resides in Champaign County or an adjoining County AND is able to respond reasonably in the event of an emergency on a 24-hour basis.

Check here if this is the billing address

Agent's Name: _____

Mailing Address: _____

Mailing Address: _____

Daytime Telephone: _____ Evening Telephone: _____

Fax: _____ E-mail Address: _____

Mortgage Holder: Indicate name and contact information for mortgage holder, if there is a mortgage on this property

Mortgage Holder's Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Contract Buyer: Indicate name and contact information for any buyer on a Contract for Deed for the property

Contract Buyer's Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail Address: _____

Terms of Rental Registration Program

By signing this form the Owner and Local Agent (if applicable) agree to comply with the following terms:

- No Owner shall be allowed to register any property if the Owner has outstanding fees or fines due and owing to the City.
- Any changes occurring in ownership of a rental unit shall require the new owner to apply for registration within 30 days of taking ownership.
- That no rental unit has been rented or leased or offered for rent or lease in a manner which would result in violation of the occupancy levels permitted by the Urbana Zoning Ordinance or a Certificate of Occupancy.
- That both the interior and exterior of each rental property shall be periodically inspected by the Building Official, under the provisions established by the adopting Ordinance.
- That a Rental Agreement Addendum has been executed by the owner or local agent and by each tenant for rental units consisting of a single family, duplex, common lot line, multiple family, or loft dwelling unit types.
- That failure to adhere to these terms and others outlined in the adopting Ordinance may result in violation of the Rental Registration Ordinance, fines, and assignment of a "Class F" to the property. "Class F" properties may not be rented. Please see www.city.urbana.il.us/RRP for complete details.

Signature of Owner

Date

Signature of Owner's Agent

Date