

CITY OF SIKESTON – RENTAL HOUSING REGISTRATION

**** DUE DECEMBER 1 OF EACH YEAR ****

Owner's Information

Company Name: _____
 President of Company: _____
 Owner's Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email Address: _____

Property Manager's Information

Company Name: _____
 Contact Name: _____
 Property Manager (if any): _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email Address: _____

<u>Date Constructed:</u> I - New Const II - 3 or more yrs old Circle Type, add year	<u>Construction Type:</u> D- Duplex S- Single Family Unit M- Multi-Family Unit	<u>Street Address:</u> Address of Rental Unit	<u>Tenants:</u> List names of adults residing at this address	<u>Years Occupied:</u> How long tenants lived at address (i.e. years, months)
I - II -				
I - II -				
I - II -				
I - II -				
I - II -				
I - II -				
I - II -				
I - II -				

I, hereby attest the above to be a true and accurate record: _____
Owner's Signature Date

INSTRUCTIONS: Return signed registration to the Public Works Department, Sikeston City Hall, 105 E. Center St., Sikeston, MO 63801 on or before **December 1 of each year.**

**** Failure to submit form by December 1 of each year can result in a \$500.00 fine**