

CITY OF SIKESTON – RENTAL HOUSING REGISTRATION FORM – TRAILER LOTS

**** 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>Site Address:</u> Address of lot being rented.	<u>Site Tenant:</u> Name of person who rents the lot. (land trailer sits on)	<u>Trailer Owner:</u> Name of person who owns the trailer on the lot.	<u>Trailer Owner Address:</u> Address of the owner of the trailer. (Street Address, City, State, Zip Code)	<u>Tenant of Trailer:</u> Name of person living in the trailer.	<u>Years Occupied:</u> How long tenants lived at address (i.e. years and/or months)

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**