

**City of Rensselaer**  
**Building Department**  
City Hall, 62 Washington St.  
Rensselaer, New York 12144

Phone (518) 462-5489

Fax: (518) 465-2031

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Rental Dwelling Registry

Date \_\_\_\_\_

Address of Rental Property \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Residential Units in Building \_\_\_\_\_

Commercial Space: Floor \_\_\_\_\_ Type \_\_\_\_\_

Number of Units on Each Floor: Basement \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_  
Third \_\_\_\_\_ Fourth \_\_\_\_\_ Other \_\_\_\_\_

Individual Owner Information

Owner Name \_\_\_\_\_

Owner's Mailing Address\* \_\_\_\_\_

Owner's Physical Address\* \_\_\_\_\_

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**PLEASE NOTE IF MAILING ADDRESS IS A PO BOX, WE MUST HAVE A STREET ADDRESS**

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year Owner Purchased Building \_\_\_\_\_

Additional Owner(s):  
Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

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**PLEASE NOTE IF MAILING ADDRESS IS A PO BOX, WE MUST HAVE A STREET ADDRESS**

Telephone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

**\*If the owner does not reside within fifty miles of the property, a local agent must be designated who can be available day or night.**

Corporation Owner / Partnership, etc.

Name of Corporation or Partnership\_\_\_\_\_

Contact Person\_\_\_\_\_

Address\_\_\_\_\_

**PLEASE NOTE IF MAILING ADDRESS IS A PO BOX, WE MUST HAVE A STREET ADDRESS**

Telephone Number(s):      Home\_\_\_\_\_      Work\_\_\_\_\_

Cell \_\_\_\_\_

Year Owner Purchased Building\_\_\_\_\_

**Designation of Local Agent**

Agent Name\_\_\_\_\_

Agent Address\_\_\_\_\_

\_\_\_\_\_

Telephone Number(s):      Home\_\_\_\_\_      Work\_\_\_\_\_

Cell \_\_\_\_\_