

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

Phone (518) 465-1693

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* _____

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) _____

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 _____