



Rental Housing Registration Tenant Information

** Please print or type **

Registration Number: _____

Rental Property Street Address: _____ Apt # _____

Please list all occupants for this property:

Lessee Name: _____

Date of move-in: _____

Other occupants:

<u>Name</u>	<u>Relation to Lessee</u>
_____	_____
_____	_____

By signing below, lessee and owner, or their Managing Agent, verify the rental unit has been inspected for any property defects. Noted deficiencies and any required repairs have been agreed to in writing.

Lessee Signature: _____ Date: _____

Owner / Agent Signature: _____ Date: _____

Owner / Agent sign here if rental unit is currently vacant:
_____ Date: _____

Vacant as of: _____ (*complete new form when occupied*)

Return signed form to:
City of Havre de Grace
711 Pennington Avenue
Havre de Grace MD 21078