



## RENTAL HOUSING OWNER REGISTRATION FORM

**CITY OF WILLARD: CODE ENFORCEMENT**

631 SOUTH MYRTLE AVE, P.O. BOX 367

WILLARD, OHIO 44890-9666

PH: 419.935.6555

EMAIL: CODE@WILLARDOHIO.US

Include Property Registration  
Forms for all rental units when  
submitting Owner Registration

V3.01.2020

### OWNER'S INFORMATION

OWNERSHIP TYPE:

Individual, Sole Proprietorship, Partnership, Corporation, Trust

OWNER'S NAME:

BUSINESS NAME:

ADDRESS (City, State, Zip):

OFFICE PHONE:

CELL PHONE:

EMAIL ADDRESS:

TAX ID (Corporation/Partnership):

**IF OWNERSHIP IS PARTNERSHIP, CORP., OR TRUST, COMPLETE FOLLOWING FOR ONE PARTNER, OFFICER, OR TRUSTEE.  
IF SELLING LAND CONTRACT AND THE PROPERTY IS BEING RENTED OUT, FILL IN LAND CONTRACTOR INFO.**

NAME & TITLE:

ADDRESS (City, State, Zip):

OFFICE PHONE:

CELL PHONE:

EMAIL ADDRESS:

### PROPERTY MANAGER'S INFORMATION (IF APPLICABLE)

MANAGER NAME:

BUSINESS NAME:

ADDRESS (City, State, Zip):

OFFICE PHONE:

CELL PHONE:

EMAIL ADDRESS:

### FEES AND PAYMENT

FIRST RENTAL ADDRESS OWNED/OPERATED =

\$50.00

Make checks payable to and mail to:

# OF ADDITIONAL UNITS

x \$35.00 =

City of Willard, 631 S. Myrtle Ave,  
P O Box 367, Willard, OH 44890

TOTAL =