CITY OF
WEST LAFAYETTE

# Property Owner Registration

**Property Information** **Registration #**

**Rental Address:** **Parcel Key No.:**

**Enforcement District:** **Total Buildings:** **Category:**

**Zoning District:** **Total Units:**

| **Property Owner Information** | **Property Agent** (if applicable) |
|---|---|
| **Name:** | **Property Manager Name:** |
| **Owner Address:** | **Manager Address:** |
| **Phone:** | **Phone:** |
| **Fax:** | **Fax:** |
| **Email:** | **Email:** |

Corporation Owner and Partner(s)

**Corp. Name:**

☐ I have attached a copy of the occupancy affidavit. (if applicable)

**Special Conditions**

**Notes:** (Please provide any and all pertinent changes to this property below)

I hereby acknowledge that I am required to furnish in writing to the program administrator any changes of address of owner or agent within ten (10) days of the change.

_____ I hereby grant my consent to the city of West Lafayette to conduct the inspection under Chapter 6, Article V of the city code.

SIGNATURE DATE