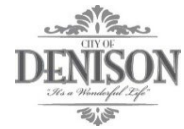


Rental Property Registration Renewal Invoice



Annual Payment to be received on or before January 1.

All rental units must provide name, address, and telephone number of the owner and any agent of the owner of the dwelling or rooming house (pursuant to Denison Municipal Code).

Property Owner	
Name _____	
Company Name _____	
Street Address _____	
City _____	
State _____	Zip _____
Telephone _____	
Cell Phone _____	
Email _____	

Local Property Manager (if owner does not live in Crawford County.)	
Name _____	
Company Name _____	
Street Address _____	
City _____	
State _____	Zip _____
Telephone _____	
Cell Phone _____	
Email _____	

The undersigned warrants that he/she has read and understands Chapter 147 of the Denison, Iowa, Code of Ordinances, titled Rental Housing Regulatory and Inspection Program. I understand that I am responsible for the mowing, trimming, snow removal, and general maintenance of this property and that I will be billed for such if the City of Denison has to abate any nuisances after proper notification.



Signature of Owner _____



Date _____

All rental housing must provide a listing of their property addresses and the number of units (pursuant to Denison Municipal Code). Use back of form if necessary. All rental property must be included on this form. Please indicate if it is Owner Occupied, Vacant, or a Family Member lives there.

Property Address	# of units	# of units x \$10 per unit	Total (\$50 min. per structure) *
Sample: 4 Privet Drive	2	\$20.00	\$50.00
Sample: 12 Grimmauld Place	6	\$60.00	\$60.00
Sample: 1313 Mockingbird Lane - Family Member Occupied *	1	\$10.00	\$0.00
Sample: 3009 Banilla Rd - Vacant **	1	\$10.00	\$50.00
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL FROM REVERSE SIDE			\$
Total Amount Due (Make check payable to City of Denison.)			

* Minimum does not currently apply to family member occupied units.

** Minimum does apply to vacant units.

Return this form with payment to:
 City of Denison
 Rental Inspections
 PO Box 668
 Denison, IA 51442

**Late fee of \$100 PER STRUCTURE
 will be assessed on March 2.
 Municipal Infractions will be filed on April 1.**

OFFICE	Fee Paid _____	Date Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
USE ONLY				

Please use the spaces below for additional units.

Property Address	# of units	# of units x \$10 per unit	Total (\$50 min. per structure) *
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TOTAL THIS SIDE (CARRY THIS TO OTHER SIDE)			\$