



Town of Merrillville

RENTAL REGISTRATION APPLICATION and/or CHANGE OF OWNERSHIP FORM

OFFICE USE ONLY

Date Received: _____
 Permit #: _____
 Date Issued: _____
 Receipt #: _____ Check #: _____
 Date Paid: _____

The Registration Fee is required to be submitted with the application as follows:

If postmarked on or before October 1st \$5.00 per unit
 If postmarked after October 1st \$5.00 registration fee + \$500.00 late fee per unit

RENTAL PROPERTY ADDRESS (one form per address – specify each unit for a multi-unit building.)

Pursuant to Ordinance 20-01, this Application shall be completed and signed by the Owner. Following receipt and satisfactory review of this application, the Town shall send the Owner and/or Owner's Agent a Rental Permit. Rental Permits will typically be mailed within 10 business days after receipt of this Application; however, delays may occur dependent upon the volume of application received at any one time. The Registration Permit shall remain in effect for the year ending October 1st, unless suspended, revoked or until transfer of legal title to the Rental building, whichever comes first.

OWNER CONTACT INFORMATION:

Name: _____
 Contact Name (if not the same): _____
 Address: _____
 Telephone Number: _____
 Email Address: _____

AGENT/MANAGEMENT COMPANY:

Pursuant to the Ordinance, Owners may elect to designate an Agent for purposes of receiving notification and other communications related to the Ordinance. All owners who do not reside in Lake County of contiguous county are require to designate an Agent residing in either Lake County or a contiguous county.

Company Name: _____
 Contact Name: _____
 Address: _____
 Telephone Number: _____ Email Address: _____

Notification to Agent/Management Company at the address set for above constitutes sufficient notice pursuant to any provision of Ordinance.

RENTAL PROPERTY INFORMATION:

Number of Rental Units per Building: _____
 Exempt Units: _____ Assisted Living _____ Owner Occupied _____
 Number of Units by Stories: _____ 1st Floor _____ 2nd Floor _____ 3rd Floor _____
 Is there a basement or cellar? **Yes or No** Date of Last Inspection _____
 When was the building constructed? _____

PROPERTY DESCRIPTION:

___ Single Family
 ___ Duplex
 ___ Apartment Building (4 or more units)
 ___ Other, please describe: _____

INSURANCE INFORMATION:

Company: _____ Policy Number: _____
 Phone: _____ Policy Expiration Date: _____

I hereby certify that the foregoing statement made by me is true. I understand that the issuance of a registration permit is not evidence that my property meets the requirements of this ordinance, or is otherwise fit for human habitation.

Owner's or Agent's Signature: _____
 Owner's Printed Name: _____
 Date: _____

Remittance: If the application is mailed, include a self-addressed, stamped envelope to receive a copy of your receipt and permit. Send the application, fee and envelope to **7820 Broadway, Merrillville, IN 46410.**