

Village of Addison Phone: (607)359-2100 Email: <u>vaddison@stny.rr.com</u> www.villageofaddison.info 35 Tuscarora Street Addison, NY 14801 Fax: (607)359-2119

RENTAL HOUSING REGISTRATION FORM

Pursuant to Village of Addison local Law #3-2011, the owner of each building containing one or more rental units shall complete this form and register this building with the Village of Addison Clerk's office.

Within sixty (60) days of the transfer of ownership or a change in the information provided below, the owner shall complete and submit a new registration form for each building affected by the change.

Post Office Boxes shall not be accepted as address(es). The building intended to be registered shall not be utilized as the owner's or agent's address unless it is the principal place of business or residence of the owner or agent. If space provided is insufficient, please submit the additional information on the "Additional Information Sheet". This form is available upon request.

Please be advised, in addition to any other remedies available under law, any owner of a property which contains a building with one or more rental dwellings units who fails to comply with the requirements of Village of Addison Local #3-2011 must apply for and obtain a probationary certification pursuant to section 6 of the Village of Addison Local Law #3-2011. Furthermore, the owner shall also be subject to penalties set forth in this same section.

I. TYPE OF APPLICATION New OR Change In information II. RENTAL BUILDING INFORMATION				
Building Address:				
Number of Rental Dwelling Units:				
Type(s) of Fire Protection Systems in Each Building:				
Is Property Vacant: 🗌 Yes 🔲 No				
III. BUILDING OWNER'S INFORMATION				
Owner's Name:				
Owner's Residence Address:				
Owner's Business Address:				
Owner's Telephone #: () Owner's E-Mail Address:				
All Notices/Violations/Invoices shall be delivered to the following address:				

IV. TYPE OF BUILDING OWNER (Check all that apply)

□ Individual □ Partnership* □ Limited Liability Partnership* □ Joint Venture* □ Tenancy in Common*

Tenancy in Entirety* Association* Corporation** Limited Liability Company** Other*:

V. OWNER IS A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, JOINT TENANCY, TENANCY IN COMMON, TENANCY BY ENTIRETY, ASSOCIATION OR OTHER

Each Owner's, Par Name:			Address, Business Address, Telepho 3)3	
Residence Address	s:			
Business Address				
elephone #:				
E-Mail:				
Principal Place of I	Business for the Co		IPANY Company:	
	e Name, Title and Ro nited Liability Comp		icer, Director and Managing Agent	of the said
Name: 1)		2)	3)	
Title:				
Residence				

Address: _____

VII. OWNER'S AGENT

Please note that if the Owner's principal residence, or place of business is not located within Steuben County, New York, or is located within Steuben County but none of the business' officers or directors or members reside in said county, then the owner(s) must designate a natural person (18) eighteen years of age or older whom resides in Steuben County, New York as his/her agent.

I, as the Owner of the aforesaid building, hereby appoint as my Agent:

Agent's Name:		
Agent's Principal Residence Address:		
Agent's Principal Business Address:		
Agent's Telephone #:	Agent's E-Mail Address:	

I hereby further authorize the aforesaid Agent to make decisions on my behalf as Owner on issues regarding the management and maintenance of my building(s). I further authorize and appoint the aforesaid Agent to accept service of legal process on my behalf as Owner. Moreover, all notices may also be served or delivered to the aforesaid Agent.

I, ______, solemnly affirm under the penalties of perjury, that the aforementioned information related to the aforesaid building and contained in this "Rental Housing Registration Form" is true and correct. Any false statements made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the New York Penal Law.

Signature of the Building Owner: _	Date:

Print Name of the Building Owner: _____

Title of Building Owner:

Notary

Subscribed and Sworn to, before on:

_____, 20_____

Name_____