



Application for Rental Housing Registration

City of Havre de Grace
711 Pennington Avenue
Havre de Grace MD 21078
(410) 939-1800 / fax (410) 939-7632

**** Please print or type ****

Rental Property Street Address: _____ Apt # _____

NOTE: Each rental unit or individual apartment must be registered separately.

Property Tax Identifier: _____

of Bedrooms _____ # of Bathrooms _____ Efficiency _____ Rooming House _____

Year residence constructed: _____

Property Owner(s) Name: _____

Owners Address: _____

Owners Phone: _____ Home Cell Work (check one)
_____ Home Cell Work (check one)

Owners E-mail: _____

Management Company (if any) : _____

Agent Name: _____ Phone: _____

Address: _____

Email: _____

If owner and Management Company are located more than 25 miles outside the City of Havre de Grace, please list a local person or company that may act on your behalf in case of emergency (cannot be tenant):

Name: _____ Phone: _____

Address: _____

Email: _____

It is the responsibility of the property owner, or their agent, to notify The City of Havre de Grace of any change in tenant, in writing, at the time of tenant change. No registration is transferable to another person, or to another housing unit or premises. Every property owner shall give notice in writing to The City of Havre de Grace within 72 hours of the transfer of any legal ownership interest or control of any registered housing unit. The notice shall include the name and address of the person succeeding to the ownership interest or control of the housing unit.

Property Owner Signature: _____ Date: _____

Management Company/Agent Signature: _____ Date: _____

****** ATTACH TENANT INFORMATION FORM AND LEAD PAINT COMPLIANCE FORM ******

[For office use only]

Registration Number: _____

City of Havre de Grace – Agent Signature: _____ Date: _____

Comments:
