



VILLAGE OF NEW RICHMOND

RENTAL UNIT REGISTRATION FORM

Address of Rental Property _____

Number of Units per Building (if applicable) _____ Number of Buildings _____

Owner(s) Information REQUIRED

Name _____

Address _____ City _____

State _____ Zip _____ Phone() _____ Cell() _____

Email address _____

.....
If the owner is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Tax ID# of Corporation or Partnership _____

Name and Title _____

Address _____ City _____

State _____ Zip _____ Phone() _____ Email _____

.....
Complete only if the owner uses the services of a Property Manager or Contact person.

Name of Property Manager or Management Company _____

Address _____ City _____

State _____ Zip _____ Phone() _____ Email _____
.....

The following fee applies:

\$25.00 for a single family

\$50.00 for a two family

\$75.00 for each apartment building

Make checks/money orders

payable to: Village of New Richmond

102 Willow Street

New Richmond, Ohio 45157

ATTN: Zoning