

Office of Building, Planning, & Code Compliance  
 101 W. Washington St.  
 Knox, IN 46534  
 (574)772-5445  
 planningcomm@cityofknox.net

**2017 City of Knox Rental Registration Application**

**Property Owners:** Pursuant to Ordinance #897 of the City of Knox, all rental housing must be registered with the City of Knox Planning Commission each year. Please complete this form, and return it to the Office of Building, Planning, & Code Compliance by the date listed below. Please enclose \$5.00 per rental unit. Late registration could result in a \$500.00 fine. When you are registered, please set up an appointment for the unit(s) to be inspected, within 10 days.

Owner(s) last name starts with:

- A-E by January 31<sup>st</sup> of each year
- F-J by February 28<sup>th</sup> of each year
- K-O by March 31<sup>st</sup> of each year
- P-T by April 30<sup>th</sup> of each year
- U-Z by May 31<sup>st</sup> of each year

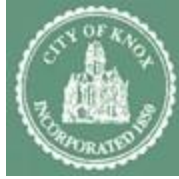
**Section I:** Fill in the name of the person(s) in which the property is legally titled to. Please print or type.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_



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**Section II:** Complete this section only if the owner uses the services of an agent (a person or business that manages or operates the rental property for the owner). Please print or type.

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Section III:** Please complete the following for each rental and remit \$5.00 per unit. Copy this page if you need to add more rental units.

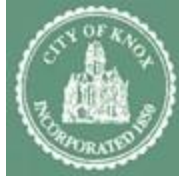
Rental Structure Address: \_\_\_\_\_

Type (Place a check mark next to the type of structure that applies to your Rental Structure):

Single Family \_\_\_\_\_

Multi-Family \_\_\_\_\_ Number of Units \_\_\_\_\_ Units Labeled as \_\_\_\_\_

Rooming House \_\_\_\_\_ Number of Rooms \_\_\_\_\_



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Multi-Family \_\_\_\_\_      Number of Units \_\_\_\_\_      Units Labeled as \_\_\_\_\_

Rooming House \_\_\_\_\_      Number of Rooms \_\_\_\_\_

Rental Structure Address: \_\_\_\_\_

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Multi-Family \_\_\_\_\_      Number of Units \_\_\_\_\_      Units Labeled as \_\_\_\_\_

Rooming House \_\_\_\_\_      Number of Rooms \_\_\_\_\_

Rental Structure Address: \_\_\_\_\_

Type (Place a check mark next to the type of structure that applies to your Rental Structure):

Single Family \_\_\_\_\_

Multi-Family \_\_\_\_\_      Number of Units \_\_\_\_\_      Units Labeled as \_\_\_\_\_

Rooming House \_\_\_\_\_      Number of Rooms \_\_\_\_\_

Sign below to verify that all information contained on this form is correct.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_