

Please complete this form and return to: City of Uhrichsville, 305 E. 2nd Street, P. O. Box 288 Uhrichsville, OH., 44683
by or before April 1.

Landlord Registration Form

Property Address: _____

Owner: _____

Owner Address: _____

Owner Phone: (Home)_____ (Cell)_____

Email Address: _____

Property Manager: _____

Home Address: _____

Phone: (Home)_____ (Cell)_____

Email Address: _____

Current Tenant(s): _____

Phone: (Home)_____ (Cell)_____

Date: _____

Print Name: _____

Signature: _____

Date Received : _____

Paid by : _____

Check # : _____