



Rental Property Registration Form

Fort Madison Building Department
811 Avenue E • Fort Madison, IA 52627
(319) 372-7700

Date: _____

RENTAL PROPERTY INFORMATION

ADDRESS: _____

PARCEL ID #: _____

PROPERTY TYPE: SINGLE-FAMILY (\$25.00 per structure) DUPLEX (\$30.00 per structure)
 MULTI-FAMILY: TOTAL # OF BLDGS ____ (\$25.00 per structure)
TOTAL # OF UNITS ____ (\$5.00 per additional unit)
TOTAL FEES: \$ _____

PROPERTY OWNER

NAME: _____

DESIGNATED CONTACT (IF BUSINESS/LLC/TRUST): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

*The owner's name must be as it appears on Lee County Assessor's Records.

PROPERTY MANAGER

SAME AS PROPERTY OWNER

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

Who is to receive correspondence regarding inspections, violations, fees and billings? PROPERTY OWNER
 PROPERTY MANAGER

Return paperwork and payment to:

City of Fort Madison Building Department, 811 Avenue E, Fort Madison, IA 52627

Make checks payable to: CITY OF FORT MADISON

*A NEW REGISTRATION FORM IS **REQUIRED** IF ANY OF THE ABOVE INFORMATION CHANGES.

SIGNATURE

DATE

PRINT NAME

OFFICE USE ONLY	Date Received	Receipt #
	_____	_____