

CITY OF TOPPENISH

21 West First Avenue
Toppenish, WA 98948

"Where the West Still Lives"

RENTAL – DWELLING REGISTRATION

Date of Registration: _____

SECTION 1: OWNER INFORMATION

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of ownership: Sole Owner Corporation LLC Other, _____

*A copy of your picture ID is required.

SECTION 2: PROPERTY MANAGEMENT INFORMATION

Is your rental property(s) managed by a property management company? YES NO (skip to section 3)

Name of Property Management Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you want all correspondence, including annual registration renewals, sent to your property management company? YES NO

NOTE: The property owner is responsible for updating the City of Toppenish of any changes of mailing address.

SECTION 3: RENTAL PROPERTY INFORMATION

Registration Application Fees: Base Rate (includes one unit): \$40.00

Each additional unit over one: \$15.00

Please list property(s)	FEE
1. Rental Address: _____ # of Units: _____ Type: <input type="checkbox"/> Single Family (House) <input type="checkbox"/> Multi-Family (Duplex, Triplex, Fourplex, Apartments)	
2. Rental Address: _____ # of Units: _____ Type: <input type="checkbox"/> Single Family (House) <input type="checkbox"/> Multi-Family (Duplex, Triplex, Fourplex, Apartments)	
3. Rental Address: _____ # of Units: _____ Type: <input type="checkbox"/> Single Family (House) <input type="checkbox"/> Multi-Family (Duplex, Triplex, Fourplex, Apartments)	
TOTAL DUE:	

My signature below certifies that the information provided on this application and any attachments is true and accurate. I understand my dwelling(s) must comply with all City of Toppenish codes and ordinances. I will report any and all changes of ownership to the City Clerk within ten (10) days of date of said change of ownership.

Signature

Date