# Rental Registration Form

## SECTION 1: RENTAL PROPERTY INFORMATION

<table>
<thead>
<tr>
<th>RENTAL BUILDING ADDRESS:</th>
<th>TAX MAP ID NUMBER:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF RENTAL UNITS WITHIN RENTAL PROPERTY:</th>
<th>NUMBER OF TENANTS PERMITTED:</th>
</tr>
</thead>
</table>

CHECK THE CORRECT BOX:

- [ ] INITIAL REGISTRATION
- [ ] RENEWAL REGISTRATION
- [ ] CHANGE OF OWNERSHIP
- [ ] CHANGE OF AGENT

## SECTION 2: OWNER INFORMATION

OWNER'S NAME:

OWNERS ADDRESS:

**A post office box is not acceptable for the Owner and/or Responsible Agent's address.**

<table>
<thead>
<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIPCODE:</th>
</tr>
</thead>
</table>

TELEPHONE NUMBER (Include Area Code):

EMAIL ADDRESS:

TYPE OF OWNERSHIP: 

- [ ] SOLE PROPRIETORSHIP
- [ ] PARTNERSHIP
- [ ] CORPORATION
- [ ] TRUST
- [ ] OTHER

** If there is more than one owner, place additional owner information on the back

NUMBER OF RENTALS OWN INSIDE CITY LIMITS: _______ *If there is more than one, you will need to register them individually

## SECTION 3: RESPONSIBLE AGENT INFORMATION

Responsible local representative means a person designated by the property owner as the agent responsible for operating such property in compliance with the ordinances adopted by the city.

Has the owner chosen to have a responsible local agent act on their behalf regarding this property?  

Yes [ ]  No [ ]

**IF YES, PLEASE COMPLETE THE BELOW SECTION**

NAME OF AGENCY/ OR RESPONSIBLE AGENT:

<table>
<thead>
<tr>
<th>STREET ADDRESS:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIPCODE:</th>
</tr>
</thead>
</table>

TELEPHONE NUMBER (Include Area Code):

EMAIL ADDRESS:

The signature(s) below acknowledges that all information is true and correct. I acknowledge that I have read and understand the duties and responsibilities of Rental Property Owners deemed by the City of Laurens’ Code of Ordinance.

It shall be the duty of every Responsible Person to keep and maintain all Rental Buildings in compliance with all applicable Codes and provisions of all applicable State laws and regulations, and subject to and pursuant to such applicable Codes, State laws, and regulations, to keep such property in a good and safe condition.

Registration shall be revoked upon failure to apply for its transfer within sixty (60) days of the date of sale or other transfer of ownership of the Unit.

No Registration or License shall be issued to any Unit owned by a person residing more than forty-five (45) miles outside of the City center unless there is provided to the Department the name, mailing address, and telephone number of a designated Responsible Agent residing or working within forty-five (45) miles of the City Limits and authorized to accept service of process on behalf of the Owner of said Unit(s).

NO CERTIFICATE OF OCCUPANCY WILL BE GIVEN TO A RENTAL PROPERTY THAT IS NOT REGISTERED.

OWNER SIGNATURE:  
DATE:

RESPONSIBLE AGENT SIGNATURE:  
DATE:
Rental Property Additional Owner Information

Additional Owner information:

**Owner's Name:** __________________________________________________________

Owner's Address: ___________________________________________________________________

City: _________ State: _________ Zip: _________

Phone: _______________________________

Email Address: _______________________________

Type of Ownership: SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ TRUST ____

OTHER___________________________

Owner's Signature: ___________________________________________________________________

**Owner's Name:** __________________________________________________________

Owner's Address: ___________________________________________________________________

City: _________ State: _________ Zip: _________

Phone: _______________________________

Email Address: _______________________________

Type of Ownership: SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ TRUST ____

OTHER___________________________

Owner’s Signature: ___________________________________________________________________

**Owner's Name:** __________________________________________________________

Owner's Address: ___________________________________________________________________

City: _________ State: _________ Zip: _________

Phone: _______________________________

Email Address: _______________________________

Type of Ownership: SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ TRUST ____

OTHER___________________________

Owner’s Signature: ___________________________________________________________________