



City of Albany
 Department of Fire, Emergency & Building Services
 Division of Building & Codes
 City Hall – Room 303
 Albany, NY 12207
 Buildings (518) 434-5165 Codes (518) 434-5995
 Fax (518) 434-6015 Web www.albanyny.gov

Official Use Only

Date _____
 Received by _____
 Date Entered _____

Rental Dwelling Registry

(Must be completed by property owner – all incomplete forms will be returned unprocessed)

Address of Rental Property _____ Tax ID No. _____

Property Information/Building Description:

Number of stories (check one): 1 2 3 4 5 Other _____

Number of residential rental units in building _____

Physical location of units in building (number per floor): Base: _____ 1st _____ 2nd _____ 3rd _____ Other _____

Commercial usage or business in building: Floor _____ Type _____

Name of Previous Owner/ Date Purchase: _____

Individual Owner Information:

Name(s) _____

Additional Name(s): _____

Legal Address of Owner(s) _____

City, State & Zip _____

Telephone Numbers: Home _____ Work _____ Cell _____

Date(s) of birth: ____/____/____ ____/____/____

Corporation Owner/Partnership, etc.:

Name of Corporation/Partnership, etc. _____

Contact Person _____

Address _____

City, State & Zip _____ Phone _____

Designation of Agent (If the owner does not reside in Albany County or an adjacent county, a local agent must be designated that can be reached at all times and this form must be signed & notarized by both the owner and the designated if being mailed in to us. If submitting in person the form will be notarized here in the office for the owner and/or the designated agent – whomever is present; however both signature are still required).

Name(s) _____

Address _____

City, State & Zip _____

Telephone Numbers: Home _____ Work _____ Cell _____

Please use the back if more space is needed – Also owner and, if applicable, agent must certify and sign on next page

All correspondence regarding this property should be sent to:

Owner

Agent (agent must check the box accepting responsibility under certification)

Any Additional Information:

Property Owner Certification

I certify that all statements made herein are true and accurate to the best of my knowledge. I acknowledge that if any information contained herein changes it is my obligation as the owner of the property to re-file an updated Rental Registry Form with the Division of Building & Codes.

Signature of Property Owner

Date

Sworn to before me this _____ day of _____, 20____

() Notary Public () Commissioner of Deeds

Designated Agent Certification

I agree to as the designated agent for the property noted herein. If I am no longer able to perform as a property agent I realize I must notify the Division of Building & Codes via certified mail or hand-delivery to the Division.

I agree to accept correspondence on behalf of the owner and to act in the owner's stead as such correspondence dictates.

Signature of Designated Agent

Date

Sworn to before me this _____ day of _____, 20____

() Notary Public () Commissioner of Deeds