

# CITY OF FARIBAULT RENTAL REGISTRATION PROGRAM

Application for Rental Registration Certification

- Change of Ownership of Rental Property -

Please fill out this form and return to: City of Faribault Department of Public Safety / 122 NW 2<sup>nd</sup> Street / Faribault MN 55021

## BUILDING INFORMATION

Building Address: \_\_\_\_\_

Previous Owner's Name: \_\_\_\_\_

New Owner's Name: \_\_\_\_\_

New Owner's Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other): \_\_\_\_\_

Date of possession: \_\_\_\_\_

## PROPERTY INFORMATION

*New owner: How do you plan on renting out this property?*

Single Family (1 unit) \_\_\_\_\_ Multi-Family (5+ units) \_\_\_\_\_

Duplex (2 units) \_\_\_\_\_ Manufactured Housing \_\_\_\_\_

Triplex (3 units) \_\_\_\_\_ Mixed Use (Residential & Commercial) \_\_\_\_\_

Fourplex (4 units) \_\_\_\_\_ Other \_\_\_\_\_

Does new owner occupy any units of the rental property? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

Total number of units rented out: \_\_\_\_\_

## REGISTRATION AGREEMENT

*I hereby certify that all information contained herein is true and accurate. I understand that this application has been accepted for the purpose of applying for a Rental Registration Certificate and that such acceptance does not constitute automatic granting of a Certificate.*

*I hereby grant permission to the City of Faribault to make inspections of the structure listed herein to determine its compliance with City Housing, Health, and Life Safety Codes. I agree to maintain the premises to standards, which are set by the City of Faribault.*

*I understand that failure to comply with these requirements may result in monetary fines or non-issuance of a Rental Registration Certificate.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date