



City of Fraser

Building & Code Enforcement Department

APPLICATION FOR CERTIFICATE OF REGISTRATION NON -OWNER OCCUPIED HOUSING

Please Print

Registration Date: _____

Rental Address _____ Number of Units _____

Owner Information:

Name (Last, First, Middle) _____

Email _____ Mailing Address _____

City _____ State _____ Zip _____

Daytime phone _____ Cell Phone _____

Driver's License _____ State _____

Property Manager/Agent Information:

Name (Last, First, Middle) _____

Email Address _____ Mailing address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Tenant Information (If you have more than one tenant please use the back of this page)

Name (Last, First, Middle) _____

Housing Unit Identification (Upper, Lower, A, B) _____

Daytime phone _____ Alternate Phone _____

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY ABILITY.

Signature of Owner/Agent _____

Printed Name Signed _____ **Date** _____

