



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

City Hall
105 Jay St., Room 17
Schenectady, NY 12305
Tele: (518) 382-5050
Fax: (518) 372-9459

LANDLORD REGISTRATION STATEMENT

Property Address: _____

Tax Identification Number/S.B.L. _____

Name of Owner(s) _____

Owner's Address (No P.O. Boxes) _____

Telephone: (Home) _____ (Cell) _____ (Fax): _____

Owner Occupied (check one): Yes No

IF YOU DO NOT OCCUPY THE REGISTERED PROPERTY AND RESIDE OUTSIDE THE COUNTY OF SCHENECTADY, YOU MUST DESIGNATE A MANAGING AGENT AUTHORIZED TO ACCEPT SERVICE OF NOTICES AND LEGAL PROCESS AND WHO RESIDES OR HAS AN OFFICE IN THE COUNTY OF SCHENECTADY.

Name of Agent: _____

Agent Physical Address: _____

Telephone: (Home) _____ (Cell) _____ (Fax): _____

PROPERTY DESCRIPTION:

Property Type: Residential Mixed Residential and Commercial

Number of Residential Units in the Registered Property:

One Two Three Four Other _____

Is the Property Insured for Property Damage and Fire Loss? Yes No

Is the Property Insured for Liability Losses? Yes No

(Please provide a copy of your current year insurance declarations/ coverage page)

TENANT IDENTIFICATION

Unit No. 1 Unit Location _____

Unit Description: Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____

Name of Tenant(s): _____

Lease: Yes No Lease Commenced: _____ Duration: _____

Unit No. 2 Unit Location _____

Unit Description: Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____

Name of Tenant(s): _____

Lease: Yes No Lease Commenced: _____ Duration: _____

Unit No. 3 Unit Location _____

Unit Description: Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____

Name of Tenant(s): _____

Lease: Yes No Lease Commenced: _____ Duration: _____

Unit No. 4 Unit Location _____

Unit Description: Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____

Name of Tenant(s): _____

Lease: Yes No Lease Commenced: _____ Duration: _____

Unit No. 5 Unit Location _____

Unit Description: Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____

Name of Tenant(s): _____

Lease: Yes No Lease Commenced: _____ Duration: _____

(Use additional sheets if more than five (5) Units)

Are any units rented/leased to Section 8 tenants? Yes No

(If yes, identify the Section 8 units) _____

Do you have current Rental Certificates for all non-Section 8 units? Yes No

If more than three (3) units, identify waste collection services and provide copy of waste collection agreement:

The undersigned owner certifies, under penalty of perjury, that the foregoing information is true and correct.

Sworn to me before this _____ day

Owner

of _____, 20 .

NOTARY PUBLIC/COMMISSIONER OF DEEDS

Commission Expiration Date

NON-COUNTY RESIDENT OWNERS

I certify and agree that I am a non-resident property owner, designate the agent herein named to serve as my agent for purposes of managing the property identified herein, and authorize and consent to service of all notices, warnings, communications and legal processes upon the designated agent. The undersigned agent accepts the designation as agent and agrees to serve as the owner's agent for all purposes required by Chapter 168 of the Code of the City of Schenectady.

Owner

Agent