



1225 6th Avenue, Marion, Iowa 52302 Phone: (319) 200-1299 Fax: (319) 373-4260

rentalhousing@cityofmarion.org

Rental Housing Registration Form

Please check appropriate box

	ange of Owner No longer a Rental wner Information
PLEASE COMPLETE ALL OF THE FOLLOWING:	
Rental Property Address	
New Owner's Name & Address	
Contact Numbers	
Cell: Home	e: Fax:
Email:	. I un.
New Manager's Name & Address	
Contact Numbers	
Colli	
Email:	e: Fax:
Liliali.	
Type of Dwelling	
Single Dwelling	Name:
Multi-unit Dwelling	Owner Manager
Total number of units:	
Are any units occupied by owner?	Date:
Who is to receive correspondence re-	garding inspections, violations and other matters regarding rental?
(Check One)	Homeowner Manager

A new registration is required if any of the above information changes.