



**City of New Albany Rental Unit  
Registration and Inspection Program**

142 East Main Street, Suite 206  
New Albany, IN 47150  
812-948-5371

rentalregistration@cityofnewalbany.com

***RENTAL UNIT REGISTRATION FORM***

Please complete all information below and sign where appropriate. This form must be resubmitted annually to renew the Rental Unit Permit or whenever the owner and/or agent information changes. **REGISTRATION FEES - \$5.00 per unit**

**Return Application and Required Documents/Fees to:** City of New Albany Rental Unit Registration and Inspection Program • 142 East Main Street • Suite 206 • New Albany, IN 47150

**1. Type of Application**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Rental Registration | <input type="checkbox"/> Change Contact Information | <input type="checkbox"/> Change of Owner |
| <input type="checkbox"/> Change of Agent         | <input type="checkbox"/> Change # Properties        | <input type="checkbox"/> Rental Renewal  |

**2. Property Information**

Legal Property Address: \_\_\_\_\_

Type of Rental:  Single-Family  Two-Family  Multi-Unit (Number of Units \_\_\_\_\_)

Name of Apartment Complex (if applicable) \_\_\_\_\_

If you are registering multiple properties, please list the other properties on the last page. There is no need for apartment complexes to list each individual unit. Please list total number of units above.

**3. Owner(s) Information**

Company Name (if applicable) \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Acting as Own Agent:

- Yes, MUST live in Floyd or contiguous county
- No, please complete Section #4

*I affirm the information contained in this registration form is correct and that the Agent listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information, changes to the local age information, or change in tenant information*

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_



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**4. Agent Information (if other than Property Owner)**

**MUST reside in Floyd County or a contiguous county**

Company Name (if applicable) \_\_\_\_\_

Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

**5. Correspondence and Contact Information**

Send Correspondence/Billings to:  Owner  Agent

Contact for Inspection Appointments:  Owner  Agent

**6. Contact Information for Person Authorized to Order Repairs and/or Service (if  
different from Owner or Local Agent)**

Company Name (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

*I affirm the information contained in this registration form is correct.*



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If you are registering multiple properties, please list the other properties below. There is no need for apartment complexes to list each individual unit. Please list total number of units on page 1 in Section 2 - Property Information.

Please Check the Rental Type: Single-Family (S-F) Two-Family (T-F) Multi-Unit (M-U)

Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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Legal Property Address _____	<input type="checkbox"/> S-F <input type="checkbox"/> T-F <input type="checkbox"/> M-U
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