



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

142 East Main Street, Suite 212
New Albany, IN 47150
812-948-5333

rentalregistration@cityofnewalbany.com

TENANT INFORMATION FORM

The names of all occupants who reside in this dwelling are as follows:

Rental Unit Address _____

Name _____

Unit #/Date of Occupancy _____

Name _____

Unit #/Date of Occupancy _____

Name _____

Unit #/Date of Occupancy _____

Name _____

Unit #/Date of Occupancy _____

TENANT CONTACT PHONE NUMBER: (NOT the landlord's phone number; please provide a number the City can use to contact property occupants directly in case of emergency or other problem) _____

Please note: By signing this form, you acknowledge the following:

1. This form is required by law and is being submitted to obtain a Rental Unit Registration Permit.
2. You understand that the Rental Unit Registration and Inspection Program requires you to submit a NEW Tenant Information Form each time there is a change of tenant(s) in your rental premises.

Signature _____

Printed _____ **Date** _____