

**RENTAL REGISTRATION
APPLICATION FOR RENEWAL**

(Please print or type)

1. Address of dwelling: _____

2. Name of dwelling or complex, if any: _____

3. Name, address, phone of each owner/partner/corporate officer:

NAME	ADDRESS	PHONE NO.
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(Use separate sheet for additional names)

(Must provide local contact and phone number (non-renter) if owner(s) resides out of town)

4. Name, address, phone of person authorized to represent non-resident owner or owner in case of absence (**must be resident of Kandiyohi County**):

5. Name, address, phone of contract for deed vendor, if property is being sold through contract for deed:

6. Name, address, phone of caretaker or manager who receives and handles tenant inquiries and complaints (please notify City of Willmar at (320) 214-5186 of any changes):

7. Type of dwelling: (check as appropriate)

Single Family Duplex Triplex Four-Plex
 Five-to-Eight Units (specify no. of units: _____)
 Multi-Family Units (specify no. of units: _____)
 Mobile Home

*Is any unit owner-occupied? Yes No

*Is any unit homesteaded (or relative homesteaded)?
 Yes No

*Note: Owner-occupied/homesteaded (including relative homestead) living space/unit is exempt from the rental inspection. Inspection is still required for rental unit(s).

(over)

8. Notice to applicants:
- A. The City of Willmar must be notified in writing within fifteen (15) working days of any transfer of legal control of the property.
 - B. Copies of the Rental Housing Maintenance and Occupancy Ordinance No. 990 are available at the Willmar City Offices, 333 SW 6th Street, Willmar, MN. Owners, agents, and managers should become familiar with its provisions.
 - C. Registration fee for all building types is \$25 per building plus \$5 per unit.
9. THE UNDERSIGNED HEREBY APPLIES FOR A RENTAL REGISTRATION AS REQUIRED BY MUNICIPAL CODE SECTION 6.5-69 FOR THE CITY OF WILLMAR. THE UNDERSIGNED FURTHER AGREES THAT THE SUBJECT PREMISES WILL BE INSPECTED PURSUANT TO THE HOUSING INSPECTION PLAN ADOPTED BY THE CITY COUNCIL OF THE CITY OF WILLMAR.

Signature _____
Owner/Agent

Date _____

What is a good time and/or day for the inspection? (Hours are 8:30 a.m. - 4:00 p.m., M-F)

Send application and fee to:
CITY OF WILLMAR
ATTN RENTAL REGISTRATION
BOX 755
WILLMAR, MN 56201

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