

BUILDING INFORMATION: *(Please complete one Statement for each building you own.)*

Codes Office Use
Date Rec'd _____

*Property Address: _____

*Dwelling Type: Single Family 2-Family 3-Family Apartments Combo-stores/offices/apartments Rooming Hse

*If the building is a 3-family unit, apartment(s) or a rooming house, are smoke alarm maintenance records kept? Yes No

*Complete for each Dwelling Unit (each apartment is one Dwelling Unit; a Rooming House is one Dwelling Unit):

*Dwelling Unit Name (i.e. "A", "2", "Upper Front")	*Number of Bedrooms	*Total Number of Tenants Occupying this Unit	*Are Tenants Family Members?		*Indicate if unit is vacant or owner-occupied	
			Yes	No	Vacant	Owner-Occ
			Yes	No	Vacant	Owner-Occ
			Yes	No	Vacant	Owner-Occ
			Yes	No	Vacant	Owner-Occ
			Yes	No	Vacant	Owner-Occ
			Yes	No	Vacant	Owner-Occ

(Use separate sheet to list additional units.)

OWNERSHIP INFORMATION:

Legal Owner #1:

*Name: _____

*Address: _____

*City/ST/Zip: _____

*Residence Address (if different): _____

*Daytime Phone: (____) _____

*Evening Phone: (____) _____

*Cell: (____) _____

Other: (____) _____

Fax: (____) _____

E-Mail: _____

*Contact Name: _____

(if Owner is not an individual)

Legal Owner #2:

*Name: _____

*Address: _____

*City/ST/Zip: _____

*Residence Address (if different): _____

*Daytime Phone: (____) _____

*Evening Phone: (____) _____

*Cell: (____) _____

Other: (____) _____

Fax: (____) _____

E-Mail: _____

*Contact Name: _____

(if Owner is not an individual)

(For additional Owners, please indicate above information on separate sheet.)

PROPERTY MANAGER / AGENT INFORMATION:

*Name: _____

*Address: _____ *City/ST/Zip: _____

*Mailing Address (if different): _____ *C/S/Z: _____

*Daytime Phone: (____) _____ *Evening Phone: (____) _____

*Cell: (____) _____ Other: (____) _____

Fax: (____) _____ E-Mail: _____

* Required information.

- ▶ Property Manager/Agent information is required if owner resides greater than 45 miles from the boundaries of the Village of Brockport.
- ▶ Registration statements are valid for one year. Property owners are responsible for the timely submission of the registration statement prior to the expiration date. Registration statements are not transferable. If information on the current form either becomes inaccurate or changes, the submittal of an updated registration statement will be applicable within 14 days of those relevant changes.
- ▶ You are not required to provide the names or personal information concerning your tenants—only the number of tenants.
- ▶ Return this completed form by **February 1, 2010** to: Building Department / Village of Brockport / 49 State Street / Brockport, NY 14420 E-mail: szarnstorff@brockportny.org Fax: (585) 637-1045 Phone: (585) 637-5300 x14