

*Rental Property Address: _____

*Classification: Single Family (210) 2-Family (220) 3-Family (230) Apartments (411) Rooming House (418)
 Combo–stores/offices/apts (449/210, 425/220, 483, 481, 415)

*If building is a 3-family, apartments, or a rooming house, are smoke alarm maintenance records kept? Yes No

FEE: \$50 per building
 Checks payable to Village of Brockport

Codes Office Use

Received _____ RRR _____ mpl _____ Ckl _____
 Classif. approved Yes No If no, notice sent _____
 Fee rec'd _____ Copy to VC _____

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

*Dwelling Unit Name (i.e. "A", "24", "Upper Front")	*Number of Bedrooms	*Total Number of Tenants Occupying this Unit	*Are tenants of this unit family members with each other?	*If applicable, indicate if unit is either vacant or owner-occupied
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occ

(Use separate sheet to list additional units.)

OWNERSHIP INFORMATION:	Legal Owner #1	Legal Owner #2
*Name		
*Address		
*City / State / Zip		
*Residence Address (if different)		
*Daytime Phone		
*Evening Phone		
*Cell		
Other		
Fax		
*E-Mail		
*Contact (if owner isn't an individual)		

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

PROPERTY MANAGER / AGENT INFORMATION: *(Required if owner resides greater than 45 miles from the boundaries of the Village of Brockport.)*

*Name: _____

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

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

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

*Cell Phone: (_____) _____ Other: (_____) _____

Fax Number: (_____) _____ E-Mail: _____

* Required information.

► Property owners are responsible for submission of this statement within 30 days of receipt of such statement. Registration statements are not transferable. If information on a currently filed Residential Rental Registration Statement changes, an updated statement shall be submitted by the property owner within 14 days of such change(s). Per local law 36-4, filing of false registration information can result in any legal remedies deemed appropriate.