



**CITY OF UNION CITY  
RENTAL PROPERTY REGISTRATION FORM**

City Hall  
105 N. Columbia St.  
Union City, IN 47390

PHONE: (987) ; 86/8756 FAX: (987) ; 86/9235

*NOTE: All fields are mandatory. Permit Renewal notifications are sent via email to the owner and the agent on record. No paper reminders are mailed. Please keep information up-to-date.*

Any owner who resides outside the state of Indiana is required to designate an in state agent for service of process and other notices regarding the property.

**PROPERTY ADDRESS:** \_\_\_\_\_

# OF UNITS: \_\_\_\_\_ # OF BEDROOMS: \_\_\_\_\_ HEAT SOURCE: GAS  ELECTRIC

CURRENT TENANT \_\_\_\_\_ TENANT PHONE: \_\_\_\_\_

**CHECK IF NO CURRENT TENANT**

**OWNER INFORMATION**

NAME OR COMPANY:		
<small>If using a P.O. Box , A Street Address Where You May be Located Must Be Provided</small>		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		

Please check your preferred Emergency Phone Contact Number below:

HOME: <input type="checkbox"/>	WORK: <input type="checkbox"/>	CELL: <input type="checkbox"/>
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**AGENT INFORMATION**

NAME OR COMPANY:		
<small>If using a P.O. Box , A Street Address Where You May be Located Must Be Provided</small>		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		

Please check your preferred Emergency Phone Contact Number below:

HOME: <input type="checkbox"/>	WORK: <input type="checkbox"/>	CELL: <input type="checkbox"/>
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\_\_\_\_\_  
OWNER'S SIGNATURE (REQUIRED)

\_\_\_\_\_  
OWNER'S NAME

\_\_\_\_\_  
DATE

TENANT NAME