

EXHIBIT "A"
CITY OF NEW LEXINGTON RENTAL PROPERTY REGISTRATION FORM

Dear Rental Property Owner:

Pursuant to the Codified Ordinances of City of New Lexington Chapter 1343, a landlord shall register all residential properties within the City of New Lexington.

A "landlord" is defined as the owner, lessor or sub-lessor of a rental unit or a managing agent for the owner, or any person authorized to exercise any management of a rental unit, including any person who is authorized to receive any rent or any part of the rent, other than as a bona fide purchaser, and who has no obligation to deliver any portion of that rent to another. It also shall mean any person held out by the owner or the landlord as the appropriate person to accept performance or any person with whom the tenant normally deals as a landlord.

Any material change in the registration information, including but not limited to a change in ownership, must be updated by the filing of such amended registration information within twenty (20) days of the landlord's actual knowledge of the change in the information.

Please complete one registration form for each residential rental property address.

_____ New Rental Registration
_____ Change of Owner
_____ Change of Owner's Address/Telephone Number
_____ Change of Perry County Authorized Agent
_____ Change of Perry County Authorized Agent's Address/Telephone Number
_____ Change from Tenant Occupied to Owner Occupied
_____ Other material change

Owner Information:

Name: _____

Address: _____

Telephone Number: _____

If owned by an entity, provide name of individual contact person:

Name: _____

Address: _____

Telephone Number: _____

Perry County Authorized Agent (if Owner is not a resident of Perry County):

Name: _____

Address: _____

Telephone Number: _____

Property Information:

Legal Address: _____

Year Built: _____

Type (e.g., single family, duplex, apartment building): _____

24 Hour Emergency Contact:

Name: _____

Address: _____

Telephone Number: _____

Form Completed by: _____

Signature

Printed Name

Date

After completion, submit by mail or in person to:

FOR OFFICIAL USE ONLY:

Date Form Received: _____

By: _____