

**VILLAGE OF PULASKI**  
**RENTAL DWELLING UNIT REGISTRATION FORM**

**Property Address:** \_\_\_\_\_ **Apartment/Unit #** \_\_\_\_\_ **Of** \_\_\_\_\_

**Tax Map/Parcel #:** \_\_\_\_\_ **Long-Term Rental or Short-Term Rental (circle)**

**General Unit Information (circle all that apply):**

STUDIO      1-BEDROOM      2-BEDROOM      3-BEDROOM      4-BEDROOM  
WHOLE 1<sup>ST</sup> FLOOR      WHOLE 2<sup>ND</sup> FLOOR      WHOLE 3<sup>RD</sup> FLOOR      WHOLE HOUSE

**Additional Unit Information (circle all that apply):**

BASEMENT ACCESS      ATTIC ACCESS      IN-UNIT LAUNDRY      SHARED LAUNDRY  
SHARED HALLWAY      SHARED STAIRWELL      SHARED KITCHEN      SHARED PORCH  
SHARED LIVING ROOM      SHARED BATHROOM      OFF-STREET PARKING

**Contact Information:**

Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Local Agent / Emergency Contact (if different from owner): \_\_\_\_\_

Relationship/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Certification:**

I certify that the information provided on this form is true and accurate to the best of my knowledge. Within 30 days of any change in the information provided, the owner shall complete and submit a new registration form.

Owner / Authorized Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY - DATE RECEIVED:** \_\_\_\_\_ **REGISTRATION #:** \_\_\_\_\_