

TOWN OF SPRINGWATER
8022 Main Street
Springwater, New York 14560
Phone 716-669-2545
Fax 585-669-2002 -- E-mail – clerk@townofspringwaterny.org

RENTAL HOUSING REGISTRATION FORM

Pursuant to Town of Springwater (Local Law # 3-2013), the Owner of each building containing one or more rental units shall complete this form and register this building with the Town of Springwater Clerk's office.

Within sixty (60) days of the transfer of ownership or a change in the information herein, the owner shall complete a new registration form for each building affected by the change.

Post office boxes are not accepted as an address. The building intended to be registered shall not be utilized as the Owner's or Agent's address unless it is the principal place of business or residence of the Owner or Agent. If space provided is insufficient, please submit the additional information on the "Additional Information Sheet" this form is available on the Town of Springwater website at <http://townofspringwaterny.org/content> under Code Enforcement.

Please be advised, in addition to any other remedies available under law, any property which contains a building with one or more rental dwelling units who fail to comply with the requirements of the Town of Springwater (Local Law # 3-2013) must apply for and obtain a probationary certification pursuant to section 6 of Town of Springwater (Local Law # 3-2013). Furthermore the Owner shall also be subject to the penalties set forth in this same section.

I. TYPE OF APPLICATION New Change in information

II. RENTAL BUILDING INFORMATION

Building Address _____

Number of Rental Dwelling Units _____

Type(s) of Fire Protection Systems in Each Unit _____

Is Property Vacant Yes No

III. BUILDING OWNER'S INFORMATION

Owner's Name _____

Owner's Residence Address _____

Owner's Business Address _____

Owner's Telephone _____ Owner's E-mail Address _____

All Notices, / Violations/ Invoice shall be delivered to the following address

IV. TYPE OF BUILDING OWNER (check all that apply)

Individual (if marked skip to section VII) Partnership* Joint Venture*

Tenancy in Common* Tenancy in Entirety* Association* Corporation**

Limited Liability Company** Other* _____

* Go to Section V and skip section VI

* Go to Section VI and skip section V

V. OWNER IS A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, JOINT TENANCY, TENANCY IN COMMON, TENANCY BY ENTIRETY, ASSOCIATION OR OTHER

Each Owner's, Partner's or General Partner's, Name(s), Residence Address, Business Address, Telephone # and E-mail:

Name 1) _____ 2) _____ 3) _____

Residence Address _____

Business Address _____

Telephone # _____

E-Mail _____

VI. OWNER IS A CORPORATION OR LIMITED LIABILITY COMPANY

Principal Place of Business for the Corporation or Limited Liability Company _____

Please provide the Name, Title, and Residence Address of each Officer, Director, and Managing Agent of said Corporation, or Liability Company.

Name 1) _____ 2) _____ 3) _____

Title _____

Residence Address _____

VII. OWNER'S AGENT

Please note that if the Owner's principal residence, or place of business is not located within Livingston County, New York, or in a town outside of Livingston and adjacent to Springwater or is located within Livingston County but none of the business' officers, directors or members reside in said county, then the Owner(s) must designate a natural person (18) eighteen years of age or older whom resides in Livingston County, New York as his/her agent.

I, as owner of the aforesaid building hereby appoint as my Agent:

Agents Name _____

Agent's Principal Residence Address _____

Agent's Principal Business Address _____

Agent's Telephone Number _____ E-Mail _____

I hereby further authorize the aforesaid Agent to make decisions on my behalf as Owner on issues regarding management and maintenance of my building(s). I further authorize and appoint the aforesaid Agent to accept service of legal process on my behalf as Owner. Moreover all notices may be served or delivered to aforesaid Agent.

I, _____, solemnly affirm under the penalties of perjury, that the aforementioned Information related to the aforesaid building and contained in this "Rental Housing Registration Form" is true and correct.

Any false statements made herein is punishable as a Class A Misdemeanor pursuant to section 210.45 of the New York State Penal Law.

Signature of Building Owner _____ Date _____

Print Name of Building Owner _____

Title of Building Owner _____

NOTARY

Subscribed and Sworn to, before me on:

_____ 20__

Name _____

DO NOT WRITE BELOW THIS LINE – TOWN USE ONLY

TAX ID#: _____

REGISTRY # _____