

RENTAL HOUSING INSPECTON PROGRAM REGISTRATION FORM 101 2nd Street • Isleton, CA 95641 916-777-7770 https://cityofisleton.com/rental-housing-inspection-program/

Please complete all information below and sign where appropriate. It is unlawful for any person to engage in the business of rental housing unless this completed registration form is provided to the City of Isleton and the annual program fee is paid. A new registration form must be submitted not later than 30 days after a change of owner, agent or rental status. Form may be returned by mail or email to CEO@cityofisleton.com. To pay online go to: https://cityofisleton.com/bill-pay/reference RHIP and property address.

Please check one:				
New Registration	New/Add Local Contact	Up	date Mailing Add	lress/Phone Number(s
Rental Property Address:		Assessor's Parcel #: (As shown on property tax bill or property deed)		
Total Number of Rental Units:		(As snown on pi	roperty tax bill or propert	y deed)
Property Owner Name :				
Owner Mailing Address:				
Street Name/Number		City	State	Zip
Owner Phone #'s (please inclu	de area code):			
(Day):	(Evening):		(Cell):	
If Same as Owner Check Here: Local Contact: Name of Individual/Per	Con		Business or Comp	pany Name (if any)
Mailing Address: Street Addr	ess	City	State Zip Co	de
Phone # (Day):	Phone # (Eve):	Pho	one # (Cell):	
• •	on to knowingly make a false statemental housing unit pursuant to Article 5		• • • • •	
	Printed Name of	of Local Contact Re	epresentative:	
Email Address:	Printed Name of	of Local Contact Re	epresentative:	