

## 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	ContactU	odate Mailing A	Address/Phone Number(s	
Rental Property Address:		Assessor's	Assessor's Parcel #: (As shown on property tax bill or property deed)		
Total Number of Rental Units	<b>3:</b> _		property tax bill or pro	operty deed)	
Property Owner Name:_					
Owner Mailing Address: _					
_	treet Name/Number	City	State	Zip	
Owner Phone #'s (please i	nclude area code):				
(Day):	(Evening ):		(Cell):		
If Same as Owner Check Here:  Local Contact:  Name of Individual/Person		Company Name: _	Rusiness or	Company Name (if any)	
				Company Name (ii any)	
Stree	et Address	City	State Z	ip Code	
Phone # (Day):	Phone # (Eve): _	PI	Phone # (Cell):		
required to register		t to Article 5.66.070 Regist	ration and Fee I	•	
Email Address:	E	Email Address:			
Date:		Date:			