



Department of Code Enforcement - Landlord Registration 2019

Business Owner Contact Information

First Name:		Last Name:	
Business Name (if applicable):			
Address:	City:	State:	Zip Code:
Work Phone:	Mobile Phone (optional):		Email:

Property Manager Contact Information (if applicable): *Please provide all property managers as listed on tax documentation.*

First Name:		Last Name:	
Business Name:			
Address:	City:	State:	Zip Code:
Work Phone:	Mobile Phone (optional):		Email:

Property Information: Please include the following details about your properties below. A maximum of 4 properties may be included.

State Parcel Number: 71-xx-xx-xxx-xxx.xxx-xxx	Street #	Direction N, S, E, W, etc.	Street Name	Street Type St, Ave, Blvd, etc.	Zip Code

Registration Affirmation: Read the disclaimer below and sign to complete the registration.

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this registration are true, complete, and correct and that no material information has been omitted.

I affirm that the rental units, the real property of which the rental units are a part, and any other rental unit property owned or registered by the owner in the City of South Bend are not subject to any un-remediated citation of violation of the state and local codes and ordinances.

I affirm that there are no delinquent payments of real property taxes, assessments, or penalties (other than those that are the subject of an ongoing appeal or bankruptcy proceedings) with respect to the property, or any other rental unit property owned or registered by the owner in the City of South Bend.

Signature

Date

Name (Print)

Please mail application to: Department of Code Enforcement, 227 W. Jefferson Blvd., Suite 1300, South Bend, IN 46601-1830