



**CITY OF LOGANSPORT
APPLICATION FOR REGISTRATION RECEIPT FOR
RENTAL PROPERTIES**

Date _____ Rental Type (house-hotel-motel) _____

Owner's Name _____

Rental Property Address _____

Owner's Address _____

City and State _____ Zip _____

Business Phone # _____ Cell Phone # _____

Insurance Co. _____ Agent Contact # _____

Registrant Signature _____ Title _____

Rental Type Property Coding

- #1 = Single Family home
- #2 = Duplex Home
- #3 = Triplex Home
- #4 = Quadplex Home
- #5 = Motel
- #6 = Hotel
- #7 = Other

OFFICE USE ONLY

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Fee \$0.00 Date Paid _____ Receipt# _____ By _____

Registration # _____ Date Issued _____

Certificate of Insurance Provided _____ Yes _____ No _____ Expiration Dates _____

CITY OF LOGANSPORT, 601 E BROADWAY, ROOM 303, LOGANSPORT, IN