



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

Date: _____ Rental Property Address: _____

Rental Property Type: 1. Single Family Home ___ 2. Duplex Home ___ 3. Triplex Home ___
4. Quadplex Home ___ 5. Motel ___ 6. Hotel ___ 7. Other ___

Owner's Name: _____

Address: _____ City and State: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

Insurance Co: _____ Agent Contact #: _____

Property Management: _____ Property Manager: _____

Address: _____ City and State: _____ Zip: _____

Email: _____ Phone #: _____

Registrant Signature: _____ Title: _____

OFFICE USE ONLY

Fee: \$0.00 Date Paid: _____ Receipt #: _____ Registration #: _____

Insurance Provided Y: ___ N: ___ Date Issued: _____ Expiration Dates: _____