Town of Mansfield
Department of Building & Housing Inspection

Michael E. Ninteau – Director, BO, MCP

4 South Eagleville Road
Mansfield, Connecticut 06268
860-487-4440 (Tel)
860-429-3388 (Fax)

LANDLORD REGISTRATION FORM

NOTE: Landlord Registration expires upon transfer of property to new owner and a subsequent initial registration form must be filed within twenty-one (21) days of such transfer.

DATE:

CHECK APPLICABLE FILING FEE:

☐ INITIAL REGISTRATION FEE: $25.00
☐ CHANGE OF ADDRESS FEE: $10.00
☐ ADD TO EXISTING REGISTRATION: NO FEE REQUIRED

List Property Address(es): (Attach separate sheet to list additional properties under single registration for same owner of record)			
Name of Owner(s):			
Contact Person(s):			
Street Address of Owner (No P.O. Box):	City	State	Zip
Mailing Address: (P.O. Box Acceptable):	City	State	Zip
Telephone:	Alternate Phone:	Email Address:	

The following section must be completed if a non-resident owner is a corporation, partnership, trust or other legal recognized entity.

Management Company: (If Applicable)			
Street Address (No P.O. Box):	City	State	Zip
Mailing Address: (P.O. Box Acceptable):	City	State	Zip
Telephone:	Alternate Phone:	Email Address:	
Name of Agent:			
Home Address of Agent: (Required):	City	State	Zip

DO NOT WRITE BELOW – DEPARTMENT USE ONLY

PAYMENT INFORMATION

NEW REGISTRATION RECEIVED: $_____
CHANGE OF ADDRESS FEE RECEIVED: $_____
CHECK BOX IF NO FEE DUE: ☐

☐ CASH ☐ CHECK#_____ ☐ CC APP#_____ DATE PD_____

DATE RECEIVED

RCVD BY_____