

TOWN OF MANSFIELD

DEPARTMENT OF BUILDING & HOUSING INSPECTION



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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: (Required)	

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	DATE RECEIVED
<p>PAYMENT INFORMATION</p> <p>NEW REGISTRATION RECEIVED: \$ _____</p> <p>CHANGE OF ADDRESS FEE RECEIVED: \$ _____</p> <p>CHECK BOX IF NO FEE DUE: <input type="checkbox"/></p> <p><input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ <input type="checkbox"/> CC APP# _____ DATE PD _____</p>	<p>RCVD BY _____</p>