



**Community Development**  
1900 NW 114<sup>th</sup> ST  
Clive, IA 50325  
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(515)457-3091 Fax  
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## RENTAL REGISTRATION FORM

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**MANAGEMENT CO. (if applicable)** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**CONTACT PHONE** \_\_\_\_\_

**CONTACT E-MAIL** \_\_\_\_\_

**BUILDING ADDRESS** \_\_\_\_\_

**BUILDING TYPE**  Single Family  Townhome  Condo

**No. BEDROOMS** \_\_\_\_\_ **No. BATHROOMS** \_\_\_\_\_

**OR**

**BUILDING TYPE**  Apartment  Duplex

<b>UNIT No.</b>	<b>No. BEDROOMS</b>	<b>No. BATHROOMS</b>

**Is this property a new rental?**  Yes  No

**Previous to this registration, was the property owner-occupied?**  Yes  No

**Is it your intention that this property will be rented only temporarily?**  Yes  No

*For statistical purposes only (will not be shared with the public)*

What is the rental fee charged on this unit/property? \_\_\_\_\_

What does the rental fee cover, i.e., water, trash, lawn maintenance? \_\_\_\_\_