



RENTAL REGISTRATION FORM

Community Development
1900 NW 114th ST
Clive, IA 50325
(515)223-6221
www.cityofclive.com

DATE _____

NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

MANAGEMENT CO. (if applicable) _____

ADDRESS _____

PHONE _____

CONTACT NAME/PHONE _____

CONTACT E-MAIL _____

RENTAL PROPERTY ADDRESS _____

RENTAL BUILDING TYPE Single Family Townhome Condo

No. BEDROOMS _____ **No. BATHROOMS** _____ **SQUARE FOOTAGE** _____

OR

RENTAL BUILDING TYPE Apartment Duplex

UNIT No.	No. BEDROOMS	No. BATHROOMS	SQUARE FOOTAGE

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? _____
