



# CITY OF CHEROKEE RESIDENTIAL RENTAL REGISTRATION FORM

**Property Information (Please fill out one form for each property and return to City Hall by 10/1/2014).**

Property Address:		Property Type (check one)	
		<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Multiplex (5 or more)
		<input type="checkbox"/> Duplex	<input type="checkbox"/> Accessory Dwelling Unit
Year Built:	# of Living Units:	<input type="checkbox"/> Triplex	<input type="checkbox"/> Mobile Home
		<input type="checkbox"/> Four-plex	<input type="checkbox"/> Single Room/Studio

For more than one unit at **this address**, please fill out the following for each unit - use back of form if needed.

Address/Unit Number	# of Bedrooms	Address/Unit Number	# of Bedrooms

**Owner Representative (This information will be used as the first contact for property listed.)**

Name:	Home Phone: Cell:	Email Address:
Street Address:	City:	State/Zip:
Property Management/Realtor Name:	Address:	Email Address:

**Ownership Information (Attach additional sheet if needed.)**

Owner's Name (s):	Address:	Phone:	Percent of Ownership

**NOTICE ON SALE OF DWELLING:** In the case of transfer of ownership, notice shall be given in writing to the Building Official within seven (7) days of having sold the above listed property. This notice shall include the name and address of the person succeeding to the ownership or control thereof. New owners of any rental units shall register with the City within thirty (30) days of the transfer of said property.

Signature of Owner/Manager _____	Date _____	Office Use Only
		Fee Paid: _____
		Date: _____
		Initials: _____

