

City of Windsor Heights Rental Property Registration Form



Instructions: Please print in blue or black ink. Registration is valid for 24 months, subject to reduction due to violations.



1 TYPE OF REGISTRATION (Check the applicable box below.)

☐ Initial Registration ☐ Registration Renewal ☐ Short-term Property Registration

2 PROPERTY INFORMATION

Primary Rental Property Address: City, State Zip
WINDSOR HEIGHTS, IOWA 50324

Secondary Rental Property Address (Duplex Only): City, State Zip
WINDSOR HEIGHTS, IOWA 50324

3 RENTAL UNIT INFORMATION

Type of Residence:

☐ Single Family House/Unit ☐ Duplex ☐ Multi-Family (Non-Apartment) ☐ Apartment ☐ Other: _____

Apartment Complex Only

Floor	Number of Units (Per Floor)	Number of Bedrooms (Per Unit)	Number of Bathrooms (Per Unit)
Ground Floor			
Second Level			
Third Level			
Fourth Level			
Total number of rental units on property _____			

4 Fee Schedule (Make checks payable to City of Windsor Heights)

Type of Fee	Cost
Rental Registration Fee (*Additional inspection fees required to be paid at time of registration)	\$35 - Single Family \$50 - Duplex \$150 Apartment
Rental Inspection Fee	\$100 Single Family Inspection \$125 Duplex - \$25 per additional living unit beyond two \$150 Apartment - \$22 per additional living unit beyond four If a property fails initial inspection, additional fees for the reinspection will apply and will be collected by the building inspector at the time of reinspection
Additional Fee if owner cannot be identified/reached and City must research and contact current tenant	\$50.00

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5 Owner/Agent Information (All applicable information is required)

Owner (The legal owner of the property being registered. If your property has more than one owner, you must list all owners.) If Corporation or Partnership, LLC or LLP, state name of President or Managing Partner, Owner or Officer.			
Company Name <i>(If applicable)</i>			
Legal Name <i>(last, first, middle initial)</i>			
Address & Unit (Residence)		City	State Zip
Mailing Address <i>(If different from residence)</i> <input type="checkbox"/> N/A			
Primary Contact Phone Number	Secondary Contact Phone Number	E-mail <u>(Required)</u>	

Owner 2			
Company Name <i>(If applicable)</i>			
Legal Name <i>(last, first, middle initial)</i>			
Address & Unit (Residence)		City	State Zip
Mailing Address <i>(If different from residence)</i> <input type="checkbox"/> N/A			
Primary Contact Phone Number	Secondary Contact Phone Number	E-mail	

Agent (Property Manager Representative of absentee, landlord, responsible for maintenance.)			
Company Name <i>(If applicable)</i>			
Legal Name <i>(last, first, middle initial)</i>			
Address & Unit (Residence/Company)		City	State Zip
Mailing Address <i>(If different from residence)</i> <input type="checkbox"/> N/A			
Primary Contact Phone Number	Secondary Contact Phone Number	E-mail	

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6 Declaration of Compliance

The City of Windsor Heights requires that all rental units meet basic maintenance standards, all provisions of the City of Windsor Heights Code of Ordinances, the laws of the State of Iowa. Owners must declare that their rental units meet or will meet those standards before being rented.

By signing below, I affirm that all units that are currently or may be available for rent meet the requirements as detailed in The City Of Windsor Heights City Ordinance Chapter 156 - PROPERTY MAINTENANCE AND RENTAL HOUSING CODE

Owner Name (Print)

Owner Signature

Date

Second Owner Name (Print)

Second Owner Signature

Date

Agent Name (Print)

Agent Signature

Date