

CITY OF STEWARTVILLE
105 E. 1ST St.
PO Box 275
Stewartville MN 55976

HOUSING REGISTRATION CERTIFICATE APPLICATION – 2011-2012

Rental Address: _____

Owner Name(s) _____
LAST FIRST MIDDLE

LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Phone # _____ Cell# _____ E-mail: _____

Building Manager _____ Phone # _____ Cell# _____

Manager's Address _____
STREET CITY STATE ZIP CODE

Manager's e-mail _____

I have completed this application and state the information contained is correct to the best of my knowledge.

Signature _____ owner manager Date _____

Type of Building	No. of Units
Single Family Dwelling	_____
Two Family Dwelling	_____
Apartment Building	_____
Rooming Units	_____
Owner occupies one unit	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

FEE: \$40.00

Make checks payable to:
City of Stewartville

For Office Use Only

Zoning District _____

Paid \$40: _____

Approved: _____