

City of Medford

Application for Rental Property Certificate

I. OWNER OF RENTAL PROPERTY (Complete (A), (B), or (C) as applicable)

(A) Individual(s)

Owner(s) Name(s):

Owner(s) Date(s) of Birth:

Phone: (Daytime)

Phone: (Evening)

Phone: (Daytime)

Phone: (Evening)

Owner(s) Address(es):

City:

State:

Zip Code:

Owner(s) Address(es):

City:

State:

Zip Code:

E-Mail Address:

Name of Agent Authorized to Accept Service of Process:

Phone: (Daytime)

Phone: (Evening)

Date of Birth:

Address of Agent:

City:

State:

Zip Code:

E-Mail Address of Agent:

(B) Partnership

Name of Partnership:

Name of Managing Partner:

Phone: (Daytime)

Phone: (Evening)

Address of Partnership:

City: State: Zip Code:

E-Mail Address of Partnership or Managing Partner:

Name of Partnership Agent Authorized to Accept Service of Process:

Phone: (Daytime) Phone: (Evening) Date of Birth:

Address of Partnership Agent:

City: State: Zip Code:

E-Mail Address of Partnership Agent:

Name, Date of Birth, Address, Daytime and Evening Phone Numbers of each Partner:

(1) Name of Partner: Date of Birth:

Phone: (Daytime) Phone: (Evening)

Address:

City: State: Zip Code:

(2) Name of Partner: Date of Birth:

Phone: (Daytime) Phone: (Evening)

Address:

City: State: Zip Code:

(3) Name of Partner: _____ Date of Birth: _____

Phone: (Daytime) _____ Phone: (Evening) _____

Address: _____

City: _____ State: _____ Zip Code: _____

(4) Name of Partner: _____ Date of Birth: _____

Phone: (Daytime) _____ Phone: (Evening) _____

Address: _____

City: _____ State: _____ Zip Code: _____

(C) Corporation or other legal entity

Name of Corporation (if other than corporate entity, indicate form of entity):

Phone: (Daytime) _____ Phone: (Evening) _____

Address of Corporation: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address of Corporation:

Name of Chief Operating Officer: _____ Date of Birth: _____

Phone of Chief Operating Officer: (Daytime) _____ Phone: (Evening) _____

Address of Chief Operating Officer: _____

City: _____ State: _____ Zip Code: _____

Name of Corporate Agent Authorized to Accept Service of Process: (if different than above)

Phone of Corporate Agent: (Daytime) Phone: (Evening) Date of Birth:

Address of Corporate Agent:

City: State: Zip Code:

E-Mail Address of Corporate Agent:

II. DESCRIPTION OF RENTAL PROPERTY

Name of Property or Dwelling: Length of Ownership:

Legal Street Address of Property or Dwelling:

City: State: Zip Code:

Type of Property or Dwelling: (Apartment, Single Family, Multi-family, Manufactured Home, etc.)

Number of Unit(s): Type of Unit(s): (Apartment, bedroom or bedrooms only, portion or level of building, etc.)

Facilities Available to each Unit:

Is this Property being sold by Contract for Deed? Y / N

If this Property is being sold by Contract for Deed, State:
Name of Vendee of Contract for Deed:

Address of Vendee of Contract for Deed:

City: State: Zip Code:

III. MANAGER OF RENTAL PROPERTY

Name of Agent or Manager of the Property or Dwelling: _____ Date of Birth: _____

Phone: (Daytime) _____ Phone: (Evening) _____

Address: _____

City: _____ State: _____ Zip Code: _____

IV. AGENT(S) RESPONSIBLE FOR MAINTENANCE OF RENTAL PROPERTY

Name of Agent(s) Responsible for Maintenance of the Rental Property: _____ Date of Birth: _____

Phone: (Daytime) _____ Phone: (Evening) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact

If the Owner(s) of the rental property or dwelling live(s) more than 30 miles from the City of Medford, an emergency contact must be designated:

Name of Emergency Contact Agent: _____

Phone: (Daytime) _____ Phone: (Evening) _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Office Use Only

Date of Application: _____ Date of Inspection: _____

Date of License/Certification: _____ Fee: _____

State Issued Identification Presented by Applicant? _____ Y / N

Acknowledgment

I, the undersigned, have reviewed the provisions of the City of Medford Ordinance No. 191, regarding the certification of rental properties and/or dwellings, and by my signature certify that I understand the provisions of the Ordinance will abide by those provisions, and that I will include reference to Ordinance No. 191, in any written rental and/or lease agreement used to rent the property.

Signature of Applicant:

Date:
