

New Castle County Rental Property Registration Form

In accordance with New Castle County Code Chapter 19

Name of Property Owner (s):

Parcel ID:

Owners Mailing Address:

Property Location:

Primary Phone:

Emergency 24hr Contact & Address:

Emergency 24hr Phone Number:

Fax Number:

E-Mail Address:

Type of Ownership:

- Private
- Sole Proprietorship
- Partnership
- Non-Profit Organization
- Management Company
- Artificial Entity (Corp)
- Other _____

Name of Person Completing Form

Print: _____

Signature: _____

Phone #: _____

Unit Number (s)

Not applicable for apartment complexes, please confirm the addresses on the attached listing of units.

Attach additional pages if necessary

Please provide a map showing buildings and unit numbers

**Please fill out reverse side of form for every owner and/or officer.*



Name of Owner or Officer:

Address:

Date of Birth: _____

Name of Owner or Officer:

Address:

Date of Birth: _____

Name of Owner or Officer:

Address:

Date of Birth: _____

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Address:

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