

## City of Creston Rental Housing Registration Form

This form is required to be completely filled out.  
One form required for each property.

**Return to City of Creston, Public Works Department at:  
P.O. Box 449, 116 W Adams, Creston, Iowa 50801**

**Rental Property Information**

Rental Property Address: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Total Number of Units in Property: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ New registration (Y/N): \_\_\_\_\_  
If not yet inspected, write "none".

**Property Owner Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Manager Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact (Property Owner/Property Manager):

As the property owner (or owner's representative), I understand that I am subject to the rental housing regulations of the City of Creston, including but not limited to the right of the City to perform inspections on my property as part of the rental housing requirements. I understand that it is my duty to notify my tenants of any upcoming inspections and to either be present or have a representative, that is at least 18 years age, present during the inspection. By my signature below, I am certifying that the rental units identified in this form comply with building regulations identified in Attachment A: Rental Housing Inspection Checklist.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Date Received:	Registration Fee: \$50 for 1 <sup>st</sup> unit + \$15 per unit for each additional unit:
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Received By:	Late Registration Fee (\$50 per day):
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Other Fees:

**Total Amount Due:**

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