RENTAL HOUSING INSPECTON PROGRAM REGISTRATION FORM <u>300 Richards Blvd, 3rd Floor</u> • Sacramento, CA 95811 (916) 808-7368 www.cityofsacramento.org/code

Please complete all information below and sign where appropriate. It is unlawful for any person to engage in the business of rental housing unless this completed registration form is provided to the City of Sacramento and the annual program fee is paid. A new registration form must be submitted not later than 30 days after a change of owner, agent or rental status. Form may be returned by mail (see mailing address above), by fax to 916-288-9955 or e-mail to RHIP@cityofsacramento.org

Please check one:				
New Registration	New/Add Local Contact	(Jpdate Mailing Addre	ss/Phone Number(s)
Rental Property Address:		Assessor's Parcel #: (As shown on property tax bill or property deed)		
Total Number of Rental Units:_		(AS SHOWITO		
Property Owner Name:				
Owner Mailing Address:				
	et Name/Number	(City State	Zip
Owner Phone #'s (please inc	<u>ciude area code)</u> :			
Day): (Evening):		(Cell):		
If Same as Owner Check Her Local Contact:	Person	npany Name:	Business or Company	y Name (if any)
Mailing Address: Street A	Address	City	State Zip Code	
Phone # (Day):	Phone # (Eve):	I	Phone # (Cell):	
If you believe your property or a porti- address listed above. Exempt categor such as Housing and Urban Develop housing unit" as defined by section 8. 	ental units may be exempt from this program as de on of units within is exempt from this program, ple ories include properties newly constructed within t ment (HUD), Sacramento Housing and Redevelop 120.030 of the Sacramento City Code.	ease complete th he last five years oment Agency (S fact or knowin Article II of the	e Exemption and Waiver For s; Units inspected by other g SHRA) or similar; or if the uni gly omit any information t e City of Sacramento City	rm and return to the mailing overnment or local agencies t(s) is not a "residential that is required to Code.
Signature of Owner:			presentative:	
Printed Name of Owner: Printed Name		e of Local Contact Representative:		
Email Address: Email Addres		:		
Date:	Date:			