



Division of Housing and Economic Development
 2120 Hord Ave. Jennings, MO 63136
 Ph. 314-388-1164 // Fax. 314-867-6458
 www.cityofjennings.org

REGISTRATION FORM FOR AUTHORIZING AGENT

Date: _____

Property **Owner's** Name: _____
(If owner is a business, enter name of business and principal owner)

Property **Owner's** Residential Address: _____
(P.O. Box NOT acceptable; if owner is business, enter business address and principal owner's residential address)

Property **Owner's** City, State, Zip: _____

Property **Owner's** Telephone No.: _____ ALT. # _____

Sate ID, Driver's License Number or Social Security Number: _____

<p>If the owner of the rental property wishes to designate an agent to be responsible for said property and to accept notices and process applications, please fill in the following information:</p>	
Name of Agent _____	Address _____ (P.O. Box not acceptable)
City, State, Zip _____	Phone # _____ Alt. # _____
State ID, Driver's License # or Social Security Number: _____	
Please list the agent's authority, i.e., manage property, order inspections, and authorize occupancy etc. _____	

Single or Duplex Building Dwelling Units

Rental Address: _____ Rental Address: _____

Rental Address: _____ Rental Address: _____

(If additional space is needed, please use back of this form or submit separate piece of paper)

**If property is a Multi-Family Dwelling Unit (3 or more units)
 list address of each building and number of dwelling units in each building.**

Address of Building: _____ Number of Units _____

Address of Building: _____ Number of Units _____

(If additional space is needed, please use back of this form or submit separate piece of paper)

SIGNATURE OF OWNER _____