

**VILLAGE OF WEST HAVERSTRAW
RENTAL PROPERTY REGISTRATION FORM**

Rental

Property Address : _____

Property Owner

Name and Address: _____

Day Time Telephone: _____

Evening Telephone: _____

**ADDRESS LISTED MUST BE ACTUAL ADDRESS OF PROPERTY OWNER, NOT
RENTAL PROPERTY ADDRESS, UNLESS OWNER ACTUALLY RESIDES AT
RENTAL PROPERTY ADDRESS**

Property Manager

(If other than Owner): _____

Telephone: _____

Number of Rental

Units (Units Occupied By Other Than the Property Owner): _____

**Description of Each Rental Unit (Include location of each dwelling unit, number of
rooms and description of each room, e.g., First floor; 5 rooms; 2 bedrooms, living room,
dining room, 1 bathroom):**

Rental Unit 1:

(OVER)

Rental Unit 2:

Rental Unit 3:

Rental Unit 4:

ATTACH A SKETCH OF EACH RENTAL UNIT

COMPLETE AND RETURN WITHIN 30 DAYS WITH A CHECK OR MONEY ORDER MADE PAYABLE TO THE VILLAGE OF WEST HAVERSTRAW IN THE AMOUNT OF \$25 FOR EACH RENTAL UNIT

**Village of West Haverstraw
130 Samsondale Ave.
West Haverstraw, New York 10993**

RENTAL REGISTRATIONS ARE VALID FOR A PERIOD OF TWO (2) YEARS, PROVIDED NO CHANGE IN OWNERSHIP. OWNERS ARE REQUIRED TO NOTIFY VILLAGE OF ANY CHANGES IN THE INFORMATION REPORTED HEREON

