



# LANDLORD REGISTRY FORM

Mail to: Vestal Police Department, 605 Vestal Parkway W., Vestal, New York 13850

Please complete the following:

## INDIVIDUAL OWNERSHIP

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

Number of dwelling units on the property: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ENTITY OWNERSHIP (Corporation, LLC, Partnership)

The name(s), title, address and telephone numbers of any responsible person(s) of the corporation, LLC, partnership or other similar business entity if the ownership is held in a non-individual capacity.

Owner Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

## LOCAL AGENT REQUIRED

Local person in charge (must be over 21 years old, residing in Broome County, who shall be responsible for the care and management of such property and is authorized by said owner when the owner resides or has their principal place of business outside of Broome County.

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

## AFFIRMATION

I affirm under penalties of perjury under the Laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

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