Property Owner Registration

Site Information——			
Site Add	ress		
Unit Types	•	Total Unit Co	unt
Property Owner			
	by a business? (check if 'yes	3')	
First Name		Last Name	
Is owner mailing addre	ss the same as the site addr	ess listed above? (check if 'yes')	
Mailing Add	ress		
City		State ZipC	ode
Phone Number		Phone Type	Work Ce
Email			
orovide emergency contact which cannot be a tenant of	t information, including a M	not reside within 50 miles of Davis, the Owne Manager, with full authority to act on behalf yes') Last Name	
provide emergency contact which cannot be a tenant of the last this property manage	t information, including a Nof the rental unit. ed by a business? (check if 'y	Manager, with full authority to act on behalf yes')	
orovide emergency contact which cannot be a tenant of the street of the	t information, including a Nof the rental unit. ed by a business? (check if 'y	Manager, with full authority to act on behalf yes')	of the Owner
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Is this property manage First Name Mailing Add City Phone Number Email Tenant Rights Information Did you provide the tentorovided by or approved be mm/dd/yyyy	t information, including a Northe rental unit. ed by a business? (check if 'yerss ation ant(s) with information regy the City? (check if 'yes') Date information was proven	Manager, with full authority to act on behalf yes') Last Name State ZipC Phone Type Home garding tenant rights and responsibilities on	ode Work © Ce
Is this property manage First Name Mailing Add City Phone Number Email Tenant Rights Information Did you provide the tentorovided by or approved be mm/dd/yyyy Tenant Move-In Inspector which is a second and a sec	t information, including a Nof the rental unit. ed by a business? (check if 'yess') ation ant(s) with information regy the City? (check if 'yes') Date information was provention.	Manager, with full authority to act on behalf yes') Last Name State Phone Type Home Garding tenant rights and responsibilities on wided	ode Owner Work © Ce
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Electronic Signature Please type your First and Last Name	
☐ I understand that checking this box constitutes a le agree to the above Terms of Acceptance.	gal signature confirming that I acknowledge and
SUBMIT REGISTRATION	