Residential Rental Property Registration Form
(In Accordance with City of Palm Coast Code Section 17-39)

Rental Address: ____________________________________________________________
Palm Coast Street Address: ________________________________________________

Type of Location □ Single Family □ Duplex Other _________________________________
Number of Units _______________

Local Agent Section (Must be filled out for all absentee landlords not living within Flagler, Volusia, Putnam or St. Johns County)
Company Name_________________________________Business Tax#___________
Individual Name*___________________________________________________________
Address (No P.O. Box #’s)__________________________________________________________________________________________
Mailing Address (If different)_______________________________________________________________________________________
City_________________________________State_________________Zip_________
Day Phone#_________________Cell Phone#______________Fax#______________
Email Address______________________________
*Only when an individual; not a company; is acting as the local agent

Owner Section
Owner Name: _______________________________________________________________
Owner Address (No P.O. Box #’s)_____________________________________________________________________________________
City: _____________________________State: ________________ Zip: ______________
Day Phone#: ________________________Cell Phone #: ____________________________
Fax#: _____________________________
Email Address: ____________________________

I certify that the information given above is true and correct to the best of my knowledge. I acknowledge that I am familiar with the provisions of all codes and ordinances applicable to residential rental properties. (Codes and Ordinances may be found on the City website)

Signature: Owner/Local Agent: ________________________________________ Date: ______________

Return Form with the correct amount of money required to:
City of Palm Coast, Rental Registration — 160 Lake Avenue — Suite 141
Palm Coast, FL 32164 Phone # 386. 986. 3764 — City Website palmcoastgov.com —
Additional Residential Rental Property Registration  
(Additional Properties Owned by the **same Owner** as listed on Page –1)

Owner Name ____________________________________________________________
Local Agent Name ______________________________________________________

**Rental Address#2**  
Palm Coast Street Address: ________________________________________________
Type of Location □ Single Family □ Duplex □ Other ____________________________
Number of Units ________

**Rental Address#3**  
Palm Coast Street Address: ________________________________________________
Type of Location □ Single Family □ Duplex □ Other ____________________________
Number of Units ________

**Rental Address#4**  
Palm Coast Street Address: ________________________________________________
Type of Location □ Single Family □ Duplex □ Other ____________________________
Number of Units ________

**Rental Address#5**  
Palm Coast Street Address: ________________________________________________
Type of Location □ Single Family □ Duplex □ Other ____________________________
Number of Units ________

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