|  |  |
| --- | --- |
| Owner’s Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Telephone Home/Cell: |  |
| Telephone Work: |  |
| Email/Fax: |  |

**Rental Information**

|  |  |
| --- | --- |
| Registration Date: |  |
| Contact Name: |  |
| Rental Property Address: |  |
| City, State, Zip: |  |
| Telephone: |  |
| Email/Fax: |  |

**Type of Building**

Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ No. Units\_\_\_\_\_\_\_\_

**Utilities Available**

Gas \_\_\_\_\_ Electricity \_\_\_\_\_ Water \_\_\_\_\_ Sewer\_\_\_\_\_

**Description of Building**

Wood Siding \_\_\_\_\_ Vinyl/Aluminum Siding\_\_\_\_\_ Brick\_\_\_\_\_

Basement \_\_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ No. of Stories\_\_\_\_

FOR REGISTRATION PERIOD STARTING \_\_\_\_\_\_\_\_\_\_ - ENDING \_\_\_\_\_\_\_\_\_

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMIT REGISTRATION OF PAYMENT OF $100 to:**

Town of Westernport  
PO Box 266  
Westernport, MD 21562

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Code Enforcement Officer, Mike Simpson