



**City of Jackson**  
 80 West Ashley Street  
 Jackson, MN 56143  
 Phone (507) 847-4410  
 Fax (507) 847-5586

**Transfer of Ownership**  
 (Residential Rental Properties)

Today's Date: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

**Registered Owner Information**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**New Owner Information** (please complete as much as possible)

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Transferred Rental Unit Information** (attach additional sheets as needed)

<b>Unit Address</b> (Example: 116 State St, #111)	<b>Unit Type</b> (single family, duplex, etc)	<b>License #</b>

Are there any current violations at the transferred unit(s)?     Yes     No

*If yes, please list:* \_\_\_\_\_

Do you have any outstanding rental unit fees or penalties?     Yes     No

**I certify that the above and any attached information is true and correct.**

\_\_\_\_\_  
**Signature of Owner** (Official Representative if Entity)

\_\_\_\_\_  
**Date**