



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

Residential Rental Unit Registration Form

Date: _____

Owner Information

***Please add me to the City's Rental Marketing List & website:** Yes No

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Designated Property Manager if owner lives more than 50 miles away from Jackson or is away for an extended period of time.

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Correspondence concerning the registered properties should be sent to: Owner Agent

_____ I carry liability insurance and have attached proof

Please call City Hall at 507-847-4410 to schedule your inspection. Inspections will be completed on Mondays and Wednesdays (except Holidays) between January 1-March 31 from 1-4 p.m.

Registration Fee: Number of Single Family Properties _____ X \$25.00 = _____

Registration Fee: Number of Multi-Family Properties _____ X \$25.00 = _____

Number of Each Additional Units _____ X \$10.00 = _____

Applicable Penalties: _____

Total Amount Due: _____

Rental Unit Information (please list information for all of your rental units; attach additional sheets if needed)

Unit Address (Example: 116 State St, #111)	Dwelling Unit Type (single family, duplex, etc)	Office Use: Exempt Status	Office Use: License #

____ I certify that the above and any attached information is true and correct. I have read, understand and agree to abide by the Minimum Maintenance Standards for Rental Housing Ordinance of the City of Jackson. I know that my registration could be denied or that my rental license can be revoked or suspended at any time. I understand that any delinquent fees or penalties will be assessed to the owner of the property.

Signature of Owner (Official Representative if Entity)

Date

Signature of Designated Property Manager (if applicable)

Date

For office use only:

Date Received: _____	License Number: _____
Number of Properties: _____	Date Processed: _____