Community Development Department
1700 N. 4th Ave. W.
Newton, IA 50208-1926
641-792-6622
www.newtongov.org

Rental Housing Inspection Program Administrative Policy – Appendix A:

Rental Housing Registration Form

DATE: _____

PROPERTY ADDRESS: _____
(If multiple addresses: please attach)

TOTAL NO. OF UNITS: _____

OWNER NAME: _____

OWNER ADDRESS: _____
Street City State Zip

TELEPHONE: (HOME) _____ **(WORK)** _____

E-MAIL: _____

SECONDARY CONTACT IF APPLICABLE (MANAGER / REPRESENTATIVE)

NAME: _____

TELEPHONE: _____

E-MAIL: _____

OWNER OR SECONDARY CONTACT MUST BE AVAILABLE IN CASE OF EMERGENCY

I hereby apply for a City of Newton Rental housing permit for the above described property. I understand that the issuance of a permit does not imply that the above rental dwelling complies with the requirements of the City of Newton Minimum Rental Housing Code and that the permit may be revoked if, after inspection, it is found that the unit/room does not substantially comply with the provisions of the Housing Code. I agree to notify the Newton Community Development Department within Thirty (30) days of any change in address, phone number or secondary contact information.

DATE: _____ **SIGNATURE:** _____

Total units _____ **x $15.00 =**_____

Total _____

Property shall pass Rental Inspection prior to permit being issued
Make checks payable to: City of Newton 1700 N 4th Ave W Newton, Iowa 50208
APPLICATION AND PAYMENT DUE WITHIN THIRTY (30) DAYS