

CITY OF CLINTON
ANNUAL RESIDENTIAL RENTAL PROPERTY
REGISTRATION FORM

961 Highway 80 East
Clinton, Mississippi 39056
Phone: 601-924-2256 - Fax: 601-924-0837
Rental Property Management

Owners Contact Information

_____ Check here if contact information has changed.

Owner's Name: _____

Mailing Address: _____

Street

Mailing Address: _____

City

State

Zip Code

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Local Agent Information: If the Owner does not reside within the city limits of Clinton MS the Owner must provide information for a Local Agent who resides inside the city limits of Clinton MS AND is able to respond reasonably in the event of an emergency on a 24-hour basis.

_____ Check here is information has changed.

Agent's Name: _____

Mailing Address: _____

Mailing Address: _____

City

State

Zip Code

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Fee Schedule:

Number of units: _____ @ \$25.00 each Total Amount Due: \$ _____

Unit Type (circle all that apply)

Single Family

Duplex

Three-plex

Four-plex

Multi-Family

