



## TOWN OF KILLINGLY

### DEPARTMENT OF BUILDING & HOUSING INSPECTION

172 MAIN STREET, KILLINGLY CT 06239

TEL: 860-779-5315 FAX: 860-779-5381

### LANDLORD REGISTRATION FORM

**NOTE:** Landlord registration expires upon transfer of property to new owner and subsequent initial registration form must be filed within twenty-one (21) days of such transfer.

Date:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Initial Registration

Change of Address

Add to Existing Registration

List Property Address(es): (Attach separate sheet to list additional properties under single registration or same owner of record.)

Name of Owner(s):

Contact Person(s):

Street Address of Owner (No PO Box)

City

State

Zip

Mailing Address: (PO Acceptable)

City

State

Zip

Telephone:

E-mail Address:

**The following section must be completed if a non-resident owner is a corporation, partnership, trust or other legal recognized entity.**

Management Company: (If applicable)

Street Address of Owner (No PO Box)

City

State

Zip

Mailing Address: (PO Acceptable)

City

State

Zip

Telephone:

Fax:

Email Address:

Name and address of agent:

DO NOT WRITE BELOW - DEPARTMENT USE ONLY