



TOWN OF KILLINGLY

DEPARTMENT OF BUILDING & HOUSING INSPECTION
172 MAIN STREET, PO BOX 6000, DANIELSON, 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

--