Rental Property Registration Application

City of Elkhart
Building & Code

229 S. 2nd Street, Elkhart, IN 46516
(574)294-5474

SECTION 1: Rental Structure Information

Rental Address:	Parcel NO.:
Total # of Units:	Unit #s:

SECTION 2: Owner(s) Information (Owner refers to person or persons with legal title)

Legal Owner of Record:		☐ Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:		Phone #:
EIN/Tax ID#:		

If the above listed owner is in a company name, Trust, LLC, etc., please complete the below information for one owner, partner, officer, or trustee:

Owner's First Name: Last Name:		☐ Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:		Phone #:

SECTION 3: Property Manager Information (a local property manager is mandatory if the owner lives outside Elkhart County or an adjacent county)

Name of Property Manager:		☐ Primary Contact?
Mailing Address:		
City:	State:	Zip:
Email:		Phone #:

SECTION 4: Rental Inspections are scheduled Monday - Friday between the hours of 9:00am - 3:00pm. We currently are scheduling inspections for 2027. Please provide days of the week and times that work best for you.

Requested Days:
Requested Times:

THIS FORM MUST BE COMPLETED AND SIGNED BY THE OWNER OR PROPERTY MANAGER FOR THE CERTIFICATE TO BE ISSUED.

THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

_____ _____

Signature of Owner or Authorized Property Manager — Date