

# City of Springdale, Arkansas Residential Landlord Registration

## Property Owner

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Owner's Representative Required if Property Owner Lives Out of State

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Property Manager/Alternate Contact

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Residential Rental Property

Name of Property	Street Address	Number of Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

