

**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

