

**City of Tama, Department of Building and Zoning**  
**305 Siegel Street, Tama, Iowa**  
**224-383-4977**  
**641-484-3822**

**Rental Property Registration Form**

Date: \_\_\_\_\_

Location of Dwelling: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Present Tenant's Name: \_\_\_\_\_ Lease Term/Duration: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DESIGNATED AGENT: (If Different)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List the Name and address of the persons responsible for the maintenance of this property, if other than the property owner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE**

Single Family Dwelling \$25.00 Multiple Family Dwelling/Rooming House/Sleeping Rooms \$25.00 Structure plus \$5.00 per unit  
((\$5.00 fee per rental unit/sleeping room, within the rental property))

Make a check mark in the space provided to indicate which one applies to this rental property

Single Family Dwelling \_\_\_\_\_

Multiple Family Dwelling \_\_\_\_\_ Indicate the number of units within this dwelling \_\_\_\_\_

Rooming House/Sleeping Rooms (Each Room) \_\_\_\_\_

**FEE: Total number of Units** \_\_\_\_\_ **X** \_\_\_\_\_ = \$ \_\_\_\_\_

**Remember:** Registration forms and monies not returned within 30 Days of receipt will be assessed a late fee.

Representative \_\_\_\_\_

Date \_\_\_\_\_

**When Paying By Mail Please Return Form With Your Check**

**Checks Should Be Made Payable To:** City of Tama

Mail To: 305 Siegel Street, Tama, Iowa 52339