

# Town of Garner Rental Registration Form

P.O. Box 446, Garner, NC 27529

Phone: 919-772-4688

Fax: 919-662-5135

**Please complete applicable information below. Attach additional sheets if needed.**

Property Manager: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Property Listings:

Rental Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel #: \_\_\_\_\_

## Signature

I the undersigned, do hereby certify, that the listings shown are correct, and that any changes to this list will require me to submit a new list or listing to the Town of Garner. I also understand that the failure to do so could result in additional penalties or fines.

\_\_\_\_\_  
Property Manager / Owner's Signature

\_\_\_\_\_  
Date