



MANDATORY FIELDS TO BE COMPLETED

RECEIPT # _____
DATE: _____ CLERK: _____
FEE PER UNIT : \$5.00
IF RECEIVED AFTER 1/31: \$55.00

RENTAL REGISTRATION FORM

TOWN OF DYER
ONE TOWN SQUARE
DYER, INDIANA 46311
DUE BY JANUARY 31

RENTAL PROPERTY ADDRESS	NUMBER	STREET NAME	CITY, STATE DYER, IN	ZIP CODE 46311
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OWNER / REPRESENTATIVE SIGNATURE		DATE _____
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OWNER CONTACT INFORMATION	COMPANY NAME	
	LAST NAME	
	FIRST NAME	
	ADDRESS	
	CITY, STATE, ZIP	
	TELEPHONE	

EMERGENCY CONTACT INFORMATION <small>SKIP IF SAME AS OWNER</small>	NAME	
	ADDRESS	
	CITY, STATE, ZIP	
	TELEPHONE	

INSURANCE INFORMATION	COMPANY	
	POLICY NUMBER	
	TELEPHONE	
	VALUE OF PROPERTY INSURED \$ _____	

UNIT INFORMATION (OFFICE USE)	UNIT	STICKER #	AMT PAID

PLEASE MAKE CHECKS PAYABLE TO: TOWN OF DYER-ONE TOWN SQUARE-DYER,IN 46311