



VILLAGE OF GOWANDA

"Gateway to the Southern Tier"

27 E Main Street ♦ Gowanda NY 14070

(716)532-3353 ♦ Fax (716)532-2938

RENTAL PROPERTY REGISTRATION

Property Owner Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

LLC / DBA INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

RENTAL PROPERTY ADDRESS AND NUMBER OF UNITS IN EACH

*If more space is needed. An additional sheet can be attached.

1. _____

2. _____

3. _____

4. _____

5. _____

* Information provided is for notification and communication with the property owners as needed. At no time will this information be used or provided for any other purpose.

* By signing, you the undersigned, do hereby certify that the information provided is accurate and that it is illegal to operate a rental unit within the Village of Gowanda with out first registering. Failure to comply or provide accurate information may result in legal action and possible fines as per Chapter __.

Signature

Date