

Residential Rental Property License Withdrawal

PROPERTY OWNER INFORMATION:

NAME: _____ E-MAIL: _____
Name of contact person

BUSINESS/LLC NAME: _____

ADDRESS: _____
Street City, State, Zip

PHONE #: _____ ALT PHONE #: _____

RENTAL STRUCTURE INFORMATION:

ADDRESS: _____
Street City, State, Zip

NUMBER OF UNITS IN STRUCTURE: (answer below for each type)

DWELLING UNITS: _____

ROOMING UNITS: _____
(i.e. dormitory units)

REASON FOR WITHDRAWING RENTAL LICENSE: _____ EFFECTIVE DATE: _____

DOES THIS PROPERTY CURRENTLY HAVE AN OPEN/FAILED RENTAL LICENSING INSPECTION? (Y/N) _____

NEW OWNER/MANAGER NAME AND BUSINESS NAME: _____

NEW OWNER/MANAGER ADDRESS: _____

WILL THE UNIT/ ANY UNITS IN THE STRUCTURE CONTINUE TO BE OCCUPIED BY CURRENT RENTER? _____

By signing below, I acknowledge that all information provided is accurate to the best of my knowledge and I am hereby withdrawing a Rental Property License for the above-described property. I understand that the license will not be officially withdrawn until all rental licensing and inspection fees associated with the property applied in accordance with Dubuque City Code 14-1J-3 have been paid in full.

Signature: _____ Date: _____

NOTE: Property owners must notify the Housing Department Permits Clerk within five (5) days of any change of agent or ownership and within thirty (30) days for any change in contact information, including phone number and mailing address.

Office use only:

Currently under enforcement? Yes/No Enforcing Inspector: _____

Fees Due: \$ _____ Invoice Date: _____ Date Paid: _____