

The Mayor and Council of Middletown
19 West Green Street, Middletown, Delaware 19709

Kenneth L. Branner, Jr., *Mayor*
Council Members:
James L. Reynolds, *Vice-Mayor*
Robin Burgess
Charles Dixon
Jason Faulkner
Robert McGhee
Robert Pierce



Inspections & Permits
(302) 378-1171
Fax (302) 378-5675
Billing (302) 378-2711
Business Licensing
(302) 378-3587
Fax (302) 378-5675

OWNER'S RENTAL PROPERTY REGISTRATION FORM

The undersigned applicant(s) further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances and codes of the Town of Middletown, including but not limited to: Chapter 120 Residential Rental Property Code; Chapter 119 Property Maintenance Code, Delaware State Housing Code; Town of Middletown Zoning Code, and all other applicable codes of the Town of Middletown

OWNER INFORMATION: (If more than one owner, each owner must provide information)

Name: _____

Mailing Address: _____

Business Name: _____

Business Address: _____

Date of Birth: _____ Town of Middletown Business License # _____

Business Phone #: _____ Mobile #: _____

Fax #: _____ 24 hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature (Owner)

Date

ADDITIONAL OWNER'S INFORMATION: (If Applicable)

Name: _____

Mailing Address: _____

Business Name: _____

Business Address: _____

Date of Birth: _____ Town of Middletown Business License # _____

Business Phone #: _____ Mobile #: _____

Fax #: _____ 24 hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature (Owner)

Date

The Town of Middletown License and Inspections Department reserves the right to make changes or corrections to this form at their discretion.

RESPONSIBLE AUTHORIZED AGENT INFORMATION: (Please Print)

Name: _____

Mailing Address: _____

Business Name: _____

Business Address: _____

Date of Birth: _____ Town of Middletown Business License #: _____

Business #: _____ Mobile #: _____

Fax #: _____ 24 Hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature (Responsible Authorized Agent)

Date:

AUTHORIZED INDIVIDUAL TO ORDER OR MAKE REPAIRS: (Please Print)

Name: _____

Mailing Address: _____

Business Name: _____

Business Address: _____

Date of Birth: _____ Town of Middletown Business License #: _____

Business #: _____ Mobile #: _____

Fax #: _____

NOTE: It is the Owner/Authorized Agent's responsibility to advise the Town of Middletown, in writing, of any changes to the above-referenced rental property.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature (Responsible Authorized Agent)

Date

LIST RENTAL PROPERTY ADDRESSES BELOW:

REGISTRATION NO. (Office Use Only):

1. _____

2. _____

3. _____

4. _____

5. _____

OFFICE USE ONLY:

Received By: _____ Date: _____

The Town of Middletown License and Inspections Department reserves the right to make changes or corrections to this form at their discretion.

RENTAL PROPERTY ADDRESSES (CONTINUED):

OWNER INFORMATION:

Name: _____

Mailing Address: _____

LIST RENTAL PROPERTY ADDRESSES BELOW:

REGISTRATION NO. (Office Use Only):

6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____