



Building & Code Services 1102 Tower Square Plaza, Marion, IL 62959 Phone: 618-993-2422 Fax: 618-997-9577

Non-Owner (Rental) Registration and Designation of Agent

**OWNER INFORMATION**

Please Print

Company Name(If applicable) \_\_\_\_\_

Owner(s) Name: Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

**Do you consent to accept notification from the City by email for notice of scheduled inspections and notice of violations and orders?**     YES     NO

The undersigned owner affirms under penalty of perjury that the information herein is correct and hereby designates himself/herself or the party listed below as the Agent to receive notices concerning the listed property(ies). The Agent is also authorized to grant the City of Marion access to the interior and exterior of the listed property(ies) for the purpose of conducting housing inspections pursuant to the City of Marion Housing Code for Non-Owner Occupied Dwellings.

The undersigned states that the above is the Owner or one of the Owners and has authority to make this Registration of the real estate listed on attached Property Information Sheet and that on said real estate is a non-owner occupied rental dwelling, or a non-owner occupied dwelling unit as defined in the Ordinance No. 3076A, Housing Code for Non-Owner Occupied Dwellings.

Owner  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Owner or officer of LLC or Corporation**



**AGENT INFORMATION (If applicable)**

Please Print

**Note:** Individual property owners who reside in **Williamson County; Saline, Franklin, Jackson, Johnson, Union, and Pope Counties** may designate themselves as Agent. All other owners **must** designate as an Agent a person who resides in one of the above listed counties.

Company Name(If applicable)\_\_\_\_\_

Agent's Name: Last\_\_\_\_\_ First\_\_\_\_\_

Mailing Address : \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

**Do you consent to accept notification from the City by email for notice of scheduled inspections and notice of violations and orders?**      YES    NO

The undersigned acknowledges under penalty of perjury that he/she is the agent for the above Owner for the herein listed property(ies) and agrees to accept notices from the City concerning the listed property(ies) and to grant the City of Marion access to the interior and exterior of the listed property(ies) upon reasonable notice as stated in the Housing Code for the purpose of conducting housing inspections pursuant to the City of Marion Housing Code for Non-Owner Occupied Dwellings.



Rental Address	Apt Number EX: 1,2,3 A,B,C	V=Vacant O=Occupied	*Type of Dwelling(s) (✓ all that applies)
1.			H___ MH___ A___ CFD___
2.			H___ MH___ A___ CFD___
3.			H___ MH___ A___ CFD___
4.			H___ MH___ A___ CFD___
5.			H___ MH___ A___ CFD___
6.			H___ MH___ A___ CFD___
7.			H___ MH___ A___ CFD___
8.			H___ MH___ A___ CFD___
9.			H___ MH___ A___ CFD___
10.			H___ MH___ A___ CFD___
11.			H___ MH___ A___ CFD___
12.			H___ MH___ A___ CFD___
13.			H___ MH___ A___ CFD___
14.			H___ MH___ A___ CFD___
15.			H___ MH___ A___ CFD___
16.			H___ MH___ A___ CFD___

**IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE THE CITY IS NOTIFIED OF ANY CHANGE OF OWNERSHIP OR OCCUPANCY STATUS**

\*H = House    MH = Mobile Home    A = Apartment    CFD= Contract for Deed

**Return to: CITY OF MARION  
BUILDING & CODE SERVICES  
1102 TOWER SQUARE PLAZA  
MARION IL 62959**

<i>Office Use Only</i>		
Date Received _____	Number of Dwelling Units _____	Number of Multiple Units _____