

**LANDLORD REGISTRATION
CROMWELL HEALTH DEPARTMENT**

41 West Street

Phone: (860) 632-3426 Fax: (860) 632-3477

PROPERTY LOCATION: _____

Check all that apply:

☐ Rental property ☐ _____ ☐ _____

☐ In-law apartment (year approved) _____ ☐ _____

☐ In-law apartment converted to rental unit

☐ Reside at your rental property

☐ Absent months of _____

OWNER INFORMATION:

Owner Address: _____

Owner Name: _____

Mail Address: _____

Home Phone Number: _____

E-Mail: _____

OR

ALTERNATE CONTACT / AGENT INFORMATION:

Agent Name: _____

Agent Address: _____

Agent Mail Address: _____

Agent Phone Number: _____

Signature of Owner: _____ Date: _____

Print Name: _____ Date: _____