

VILLAGE OF CASTLETON-ON-HUDSON

Building Department
Village Hall, 85 South Main Street
Castleton-on-Hudson, NY 12033

Building Inspector: (518) 605-2184 Fax: (518) 732-1550

Rental Property Registry

Date _____

Address of Rental Property _____

Number of Stories _____ Number of Residential Units in Building _____

Commercial Space: Floor _____ Type _____

Number of units on each floor: Basement _____ First _____ Second _____
Third _____ Fourth _____ Other _____

Individual Owner Information:

Owner name: _____

Owner's Mailing Address _____

Owner's Physical Address _____

**PLEASE NOTE IF MAILING ADDRESS IS A PO BOX ADDRESS, WE MUST HAVE A
STREET ADDRESS**

Telephone Number: Home _____ Work _____
Cell _____

Additional Owner(s)

Name(s) _____

Address(es) _____

PLEASE NOTE IF MAILING ADDRESS IS A PO BOX ADDRESS, WE MUST HAVE A STREET ADDRESS

Telephone Number: Home _____ Work _____
Cell _____

If owner does not reside within fifty miles of the property, a local agent must be designated who can be available day or night

Corporation Owner/Partnership, etc.

Name of Corporation or Partnership _____
Address _____

PLEASE NOTE IF MAILING ADDRESS IS A PO BOX ADDRESS, WE MUST HAVE A STREET ADDRESS

Telephone Number: Home _____ Work _____
Cell _____

Designation of Local Agent

Agent Name _____
Agent Address _____

Telephone Number: Home _____ Work _____
Cell _____