



<u>STAFF USE ONLY</u>
BTR #: _____
FEE AMOUNT: \$ _____
DATE: _____

Commercial Rental Property Registration Form

OWNER INFORMATION:
RENTAL PROPERTY ADDRESS: _____
<input type="checkbox"/> <i>Check here if correspondence is to be sent to the address below</i>
Property Owner Name: _____
Property Owner Address: _____
Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____
Email Address: _____ Number of Units: _____

A property owner **may** appoint a person or management company to serve as a local point of contact for the owner. A local point of contact **must** reside or have a business location within a 50 mile radius of the subject property.

LOCAL POINT OF CONTACT SECTION: <input type="checkbox"/> <i>Check here if correspondence is to be sent to the address below</i>
Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____
Email Address: _____

I certify that the information given above is true and correct to the best of my knowledge. I acknowledge I have read the "Business Tax Ordinance" under the City of Deltona Business Tax link. If granted a business tax receipt, I agree to operate within the city and state laws, and to notify the City business tax office if any of the information I have given changes. I also certify I am the business owner or owner's legal agent.

Signature: Owner/Local Agent

Date