

VILLAGE OF PLANDOME MANOR

55 Manhasset Avenue, Manhasset, NY 11030
Tel. (516) 627-3701 • Fax (516) 627-7067 • clerk@plandomemanorny.gov

RENTAL REGISTRATION

1.	Property Information:				
		Rental property address:			
		Section: Block:	Lot:		
2.	Owner	Information:			
		Property owner name:			
		Property owner physical address (No P.O. Boxes):			
		Property owner mailing address:			
		Contact information for owner:			
		Daytime:	Evening:		
		Emergency:	E-mail:		
3.	Manag	ing agent information (if any):			
		Name:			
		Address of managing agent:			
		Contact information for managing agent:			
		Daytime:	Evening:		
		Emergency:	E-mail:		
4.	Tenant	Information:			
		Term of Lease- Beginning date:	End date:		
		Contact information for tenant:			
		Home:	Cell:		



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Emergency:_____ E-mail:_____

5. Declaration:					
	Signature MUST be by the owner of the property and MUST be notarized.				
	STATE OF}				
	COUNTY OF}				
	I,, certify under penalty of perjury, that the				
	statements made in this application (including statements made in any accompanying				
	papers) have been examined by me and the same are true and accurate. I have read				
	copies of Chapter 165 (Rental Properties) of the Code of the Village of Plandome Manor				
	and the New York State Property Maintenance Code and agree to abide by the same. To				
	the best of my knowledge, there are no existing safety or health code violations of the				
	Code of the Village of Plandome Manor or the New York State Uniform Fire Prevention				
	and Building Code at the property for which is the subject of this rental permit application. I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental permit application. I understand that I am responsible for proper maintenance of				
	the premises. There are working smoke detectors and carbon monoxide detectors in				
	proper locations throughout the dwelling.				
Property owner	's name:				
Property owner's signature:					
Sworn to before this day					
of	, 20	Notary Public			