



LANDLORD REGISTRATION PROGRAM APPLICATION

Shelbyville Planning and Building Department
44 West Washington Street
Shelbyville, IN 46176
P: 317.392.5102 F: 317.392.5110

Location Information:

Address of Property: _____

Parcel ID #: _____

Subdivision and Lot # (If Applicable): _____

Number of Rental Units at Subject Property: _____

Property Owner:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Please check this box if the property owner resides in Indiana and actively manages the subject property:

Property Manager (If Other Than Property Owner):

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Please check this box if the property manager is an authorized agent for the owner, purposes of service of process and receiving and receipting for notices and demands:

Authorized Agent (If Other Than Property Owner or Property Manager):

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Optional Disclosures:

The following information is optional and not required by the "Landlord Registration Program".

Tenant Contact Information (Optional):

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

General Property Information (Optional):

Monthly Rent Amount: _____

Are Utilities Included In The Cost of Rent? _____

Please Initial Next To The Following Statements, Indicating That You Have Read And Agree To All of Them:

_____ I affirm that the rental units, the real property of which the rental units are a part, and any other rental unit property owned or registered by the owner in the City of Shelbyville, are not subject to any un-remediated citation of violation of the state and local codes and ordinances.

_____ I affirm that there is not more than one delinquent payment of real property taxes, assessments, or penalties (other than those that are the subject of an ongoing appeal or bankruptcy proceedings) with respect to the property, or any other rental unit property owned or registered by the owner in Shelby County.

_____ I affirm that I will notify the City of Shelbyville Planning and Building Department within 30 days of any changes to the registration information I have provided.

_____ I understand that all documents, plans, and other information that I have included in this application, submitted to the City of Shelbyville, or have provided to any employee or agent of The City of Shelbyville, may be subject to the Access to Public Records Act (APRA). IC 5-14-3

By signing submitting this application, I affirm that the information I have provided is true and accurate to the best of my knowledge, and I have not intentionally avoided disclosing information that would be pertinent to the review of this application.

Applicant's Signature: _____ Date: _____

Office Use Only

Registration #: _____ Approved By: _____ Date Issued: _____