

# Department of Planning and Development

Building and Inspections

[inspection@cityoflacrosse.org](mailto:inspection@cityoflacrosse.org) 608-789-7530

## APPLICATION FOR RENTAL REGISTRATION

PROPERTY ADDRESS:

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Tax Parcel Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Owner Information (currently reflected on tax record)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please Check One:  I am the owner

I am the agent of the owner

\_\_\_\_\_  
Owner or Owner's Agent Signature

\_\_\_\_\_  
Date

**PLEASE ENCLOSE PAYMENT OF \$10 FOR EACH PARCEL TO BE REGISTERED**