

City of Austin
Rental Housing
500 Fourth Avenue N.E.
Austin, Minnesota 55912
Phone: 507-437-9950
www.ci.austin.mn.us



FOR OFFICE USE ONLY

Receipt No: _____
Receipt Date: _____
Amount Due: \$ _____/rental
Inspection Date: _____
Entity Number: _____

Change of Ownership of Rental Property

BUILDING INFORMATION

Building Address: _____

Previous Owner's Name: _____

New Owner's Name: _____

New Owner's Mailing Address: _____

Telephone (Home): _____ (Work): _____ (Other): _____

If Applies:

New Rental Manager Name: _____

New Rental Manager Mailing Address: _____

Telephone (Home): _____ (Work): _____ (Other): _____

PROPERTY INFORMATION

Does new owner occupy any units of the rental property? _____ (yes) _____ (no)

Single Family _____ Multi-Family _____ Number of Units _____

Total number of units rented out: _____

REGISTRATION AGREEMENT

I hereby certify that all information contained herein is true and accurate. I understand that this application has been accepted for the purpose of applying for a Rental Registration Certificate and that such acceptance does not constitute automatic granting of a Certificate.

I hereby grant permission to the City of Austin to make inspections of the structure listed herein to determine its compliance with City Housing, Health, and Life Safety Codes. I agree to maintain the premises to standards, which are set by the City of Austin.

I understand that failure to comply with these requirements may result in monetary fines or non-issuance of a Rental Registration Certificate.

Applicant's Signature

Date