City of Beacon
New York

Landlord Registration Statement

Date__________________
Parcel Address______________  Tax ID Number___________

Property Use:

_____Commercial  _____Single Family  _____Two Family

_____Multi-Family # of Units____  _____Mixed Use (please specify # of Units)

_____# of Residential Units

_____# of Commercial Units

Property Owners Information

Name______________________________________________________________

Mailing Address____________________________________________________

Physical Address_____________________________________________________________________

Business Phone #_________________________  Home Phone #__________________________

Cell Phone #___________________________  E-mail Address___________________________

__________________________________________  Signature of Owner

Fee: $75.00

Please see reverse side
If the owner does not reside within a fifteen-mile radius of the City of Beacon the owner shall designate a managing agent who shall reside within a 15 mile radius. The managing agent shall be a natural person at least 18 years of age and who shall be responsible for and in control of the maintenance and operation of the property. The managing agent shall be designated as the person upon whom process may be served on behalf of the owner.

<table>
<thead>
<tr>
<th>Managing Agent Information</th>
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<tbody>
<tr>
<td>Name ______________________</td>
</tr>
<tr>
<td>Mailing Address ____________</td>
</tr>
<tr>
<td>Business Phone #_________ Home Phone #_________</td>
</tr>
<tr>
<td>Cell Phone #_______________ E-mail Address ___________</td>
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</tbody>
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