



505 Commonwealth Ave. Erlanger, KY 41018 859.727.2525 erlangerky.gov

Residential Rental Registry Application

Address of Premises: _____
Street Number and Name of Street

Kenton County Occupational License # _____ **Number of Units at this address:** _____

Property Owner(s) General Information & Mailing Address

If Private/Individual: _____
Last Name First Name Middle Initial

If Other: _____
Give Full Legal Name of Ownership, Including Corporation, Incorporated, Partnership

Address: _____
P O Box Number or Street Number and Name

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Mobile Number:** _____

Email Address: _____

EMERGENCY CONTACT _____

Name and Address of Manager of the Premises, if Different than Owner

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Mobile Number:** _____

Email Address: _____

EMERGENCY CONTACT

Owner's Signature: _____ **Date Prepared:** _____

This form should be mailed to: **City of Erlanger, 505 Commonwealth Avenue, Erlanger, KY 41018** or it can be dropped off at the City of Erlanger city building during regular business hours (M-F, 8:00am-5:00pm).

For City Use Only

PIDN: _____ **Date Received:** _____ **Processed by:** _____