

**LANDLORD REGISTRATION FORM**

**FOR (PROPERTY ADDRESS)** \_\_\_\_\_  
\_\_\_\_\_

Total # of Units \_\_\_\_\_

1. Name(s) of person(s), corporation or trust having legal title to the premises:

\_\_\_\_\_  
\_\_\_\_\_

Residential (Street) Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Please provide at least two numbers where you can most likely be reached in an emergency:

Telephone # Home \_\_\_\_\_ Telephone # Work \_\_\_\_\_

Pager # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

If owner does not reside in the City of Leominster, he/she must provide the name and address of any individual person residing within the City of Leominster designated as the true and lawful *attorney in fact* for the owner upon whom all lawful process and orders of the Board of Health may be served. (*attorney in fact*: a person authorized to act on your behalf, who may or may not be a lawyer, who is given written authority to act on your behalf by a power of attorney).

Name of designee \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Pager # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of any Manager or Agent employed by owner (list name whether or not person lives on premises)

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Pager # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If property is owned by a Corporation or Trust, list names and residential street addresses of all Trustees.

President (name) \_\_\_\_\_

(address) \_\_\_\_\_

Treasurer (name) \_\_\_\_\_

(address) \_\_\_\_\_

Clerk (name) \_\_\_\_\_

(address) \_\_\_\_\_

Trustee (name) \_\_\_\_\_

(address) \_\_\_\_\_

Trustee (name) \_\_\_\_\_

(address) \_\_\_\_\_

Trustee (name) \_\_\_\_\_

(address) \_\_\_\_\_

Trustee (name) \_\_\_\_\_

(address) \_\_\_\_\_

Describe any fire prevention or detection devices located on the premises.

Hard Wired/Electric?      Battery?      Both?      Other? \_\_\_\_\_

Describe \_\_\_\_\_

Have you received any lead paint compliance certificates for this property? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please forward copies of certificates to the Leominster Board of Health)

What is the method of rubbish removal used at the property?

Municipal/City Pickup?      Owner Pays? \_\_\_\_\_

Dumpster?      Barrels?      Other? \_\_\_\_\_