

THE CITY OF GREENWOOD

520 MONUMENT STREET ♦ PO BOX 40 ♦ GREENWOOD, SOUTH CAROLINA ♦ 29648

PHONE – (864) 942-8412 ♦ FAX – (864) 942-8470

www.cityofgreenwoodsc.com

RENTAL HOUSING REGISTRATION FORM

Fax or Mail This Form to the Address Above

FOR CITY OF GREENWOOD USE ONLY

Registration # _____ **Entry Date** _____ **Initial** _____

TO BE COMPLETED BY PROPERTY OWNER OR DESIGNATED PERSON, FIRM, OR CORPORATION

Property Owner Name _____

Mailing Address _____

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

Telephone _____ **Email Address:** _____

Rental Property Address _____

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

Designated Person, Firm or Corporation* _____

**Persons must list the name of the person, firm, or corporation located within a 75-mile radius of the City of Greenwood responsible for the care and maintenance of the property.*

Mailing Address _____

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

Telephone _____ **Email Address:** _____

Property Owner/Designated Person Signature _____

