



## City of Senatobia

### RENTAL REGISTRATION APPLICATION

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Last 4 of SS: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Alt. Mailing Address: \_\_\_\_\_  
*Street City State ZIP Code*

#### RENTAL PROPERTY INFORMATION

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
*Street City*

Tenant Phone Number: \_\_\_\_\_  
*State ZIP Code*

Parcel Number: \_\_\_\_\_ Age of Rental: \_\_\_\_\_ years

Property Type:      Single Family [ ]      Duplex [ ]      Apartment [ ]  
Foundation Type:      Conventional [ ]      Slab [ ]

#### Corporation or Designated Agent Information

Business/Agency Name: \_\_\_\_\_ President/Agent: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State ZIP Code*

**Property Owner Emergency Contact**

1<sup>st</sup> Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State ZIP Code*

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State ZIP Code*

**\*\*Attached Documents\*\***

**Please attach a copy of Recorded Warranty Deed:**

**Please attach a picture of Rental property:**

**Certificate of Rental Registration Application**

All rental property owners/agents or persons in charge of any rental property designed or intended to be used as rental dwelling units located in Senatobia, MS, whether or not such units are located within the same structure or any part thereof must register and pay rental registration fees of \$50.00 per unit. Yearly registration fees shall be \$15.00 for class "A" units, \$30.00 for class "B" units, and \$50.00 for class "C" units. Also, **the unit must receive a passed inspection** before a **Certificate of Compliance** will be issued by the City of Senatobia Building Department. No fee is required for a unit that the owner occupies. Please note this is not voluntary, it is a requirement of the City of Senatobia Ordinances.

**Payment**

In Person: [  ]  
(Cash, Check, Money Order  
Visa, or MasterCard)  
Check #: \_\_\_\_\_

By Mail: [  ]

Receipt #: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please make checks payable to:**

**City of Senatobia  
133 N. Front St.  
P.O. Box 1020  
Senatobia, MS 38668**