For Office Use Only: Check Number:	Name on Check:
Check Number: Date Deposited:	
Name on Check:	
City of Univ	ersity Heights, Iowa Rental Permit Application
Dwelling Address: Assessor's Parcel Number:	
Owner's Name:	
Owner's Address:	
Owner's Telephone and email:	
Other Properties owned in UH (list addresses):	
	Owners who do not reside in Johnson County must designate a Registered Agent in Johnson County to represent the property owner.
Registered Agent:	
Agent's Address:	
-	
Agent's Telephone and email:	
	tenants, including those less than 18 years of age, who will occupy this dwelling: application will <i>not</i> be approved if this information is not provided.)
Name of Tenant:	Name of Tenant:
	<u> </u>
will comply with all University be occupied by four or more stude certification that such owner has Housing Guide" brochure provi	re is written certification that the owner of each dwelling unit listed above understands and Heights Ordinances. Among other provisions, these ordinances do not permit a dwelling to dents who are enrolled in post-secondary education. Applicant's signature is also written a delivered to the tenants listed above a copy of the "City of University Heights – Rental ided to the applicant with this application.
is refundable even if dwelling	Make checks payable to "City of University Heights". No portion of the rental permit fee ceases to be rented. Rental Permit Applications received after the due date will be assessed permit applications not received with full payment, including the late fee (\$225.00 total) by
Amount Enclosed: \$	
owledge. This Rental Permit A	ental Permit Application form and completed the blanks to the best of the undersigned Application incorporates the Information Disclosure and Acknowledgement form operty identified above and by this reference that form is incorporated into this
Owner's Signature/Agent's Signature	ure date
rification	
State of)	
State of) ss: County of)	
hereby certify that information co as I verily believe.	ontained in this application and materials and information filed with this application are true and corr
	Signature of Applicant/Representative
Signed and sworn to (or affirmed) b	before me on the day of, 20, by
(SEAL)	Notary Public in and for the
	State of My Commission Expires