

# Owner's Rental Property Registration Forms



The Mayor & Council of Middletown  
19 West Green Street  
Middletown, DE 19709-1315  
Phone: 302-378-1171  
Fax: 302-378-5675  
www.middletownde.org  
permits&inspections@middletownde.org

The undersigned applicant(s) further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances and codes of the Town of Middletown, including but not limited to: Chapter 120 Residential Rental Property Code; Chapter 119 Property Maintenance Code, Delaware State Housing Code; Town of Middletown Zoning Code, and all other adopted codes of the Town of Middletown. It is the owner's / agent's responsibility to have the rental property re-registered every **three (3) years** from date of approval with the Town.

**PROPERTY OWNER INFORMATION:** (If more than one owner, each owner must provide information)

Owner's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Town of Middletown Business License # \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ 24 hour #: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Owner) / Print Date

**ADDITIONAL OWNER'S INFORMATION:** (If Applicable additional owners must provide information)

Owner's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Town of Middletown Business License # \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ 24 hour #: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Owner) / Print Date

Chapter 120 - Rental Properties Ordinance- <http://ecode360.com/13832819>  
*The Town of Middletown License and Inspection Department reserves the right to make changes or corrections to this form at their discretion*

**RESPONSIBLE AUTHORIZED AGENT INFORMATION:** (Please print legibly)

Authorized Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Town of Middletown Business License #: \_\_\_\_\_

Business #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_ 24 Hour #: \_\_\_\_\_

**NOTE:** It is both the Owner & Authorized Agent's responsibility to advise the Town of Middletown **in writing**, of any changes to the above-referenced rental property.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Responsible Authorized Agent) / Print Date

**AUTHORIZED INDIVIDUAL TO ORDER OR MAKE REPAIRS:** (Please print legibly)

Authorized Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Town of Middletown Business License #: \_\_\_\_\_

Business #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Authorized Individual) / Print Date

**LIST ALL OWNED RENTAL PROPERTY ADDRESSES BELOW**

REGISTRATION NO.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
Signature (Owner) / Print Date

**OFFICE USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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