



Rental Registration Program Application

17101 W 87 Street Pkwy
Lenexa, KS 66219

Phone 913-477-7725
Fax 913-477-7730

Application Date ____/____/____

1. Owner of Record (Corporation see #3 below or Natural Person see #2 below)

Name _____ Date of Birth ____/____/____

Address (PO Box not accepted) _____

City _____ State ____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Signature _____ Title _____

2. Owner's Agent or Manager (Only required if owner lives out-of-state)

Name _____ Date of Birth ____/____/____

Address (PO Box not accepted and must be in Johnson County, KS) _____

City _____ State ____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Signature _____

3. Legal Entity Information (Proof of good standing from the Sec. of State in the state in which the entity is registered is required)

Full Name of Legal Entity _____

Name of Officer or Responsible Party: _____ Date of Birth ____/____/____

Address (PO Box not accepted) _____

City _____ State ____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Signature of Officer or Responsible Party _____

PROPERTY INFORMATION

Property Address	Type of Property (single family, duplex, apartment)	# of Rental Units (if applicable)

Note: If you have additional properties please attach additional pages.



Please beware the city code requires the following of property owners:

As the property owner I understand I am responsible for:

1. providing and maintaining a 1-A-5-BC classification fire extinguisher for each rental property.
2. ensuring working smoke alarms provided for each level of the property, one in each sleeping area and one outside the sleeping areas.

By signing above, I declare under penalty of perjury that the statements made herein are true and correct.