

Village of Cobleskill
Planning, Environment and Codes

378 Mineral Springs Road, Suite 5
Cobleskill, NY 12043

Rental Registry

Address of Rental Property _____

Parcel No. _____

Change of address - Check here and go to page 3

If you need more room, please use the back of any page of this form.

Property Information/Building Description:

How many residential rental units (apartments) in the whole building? _____

Physical location of residential rental units (apartments) in the building

- **In the basement** How many residential rental units (apartments)? _____
- **On the 1st/ground floor** How many residential rental units (apartments)? _____
- **On the 2nd floor** How many residential rental units (apartments)? _____
- **On the 3rd floor** How many residential rental units (apartments)? _____
- **Elsewhere** in the building How many residential rental units (apartments)? _____
Where?

How many tenants in each residential dwelling unit (apartment)?

Apt 1 - ____ Apt 2 - ____ Apt 3 - ____ Apt 4 - ____ Apt 5 - ____ Apt 6 - ____ Apt 7 - ____

Not counting the basement, how many floors in the building?

(Circle one): 1 2 3 4 5 Other _____

Is any part of the building used as commercial/business? _____

What floor? _____ What use? _____

What floor? _____ What use? _____

What floor? _____ What use? _____

Send these two items with this registration form:

1. A copy of the deed
2. Proof of residency of each owner (A copy of one of these: a lease agreement, rent receipts, driver's license, State ID card, Medicaid card, utility bill, employer or agency records, school records, voter registration records, credit reports, statement from household with whom the family is residing, or other proof of residency)

Owner Information

Individual Owner:

Name(s) : _____

Additional name(s): _____

Legal Address of Owner(s) _____

City, State, Zip: _____

Telephone Numbers: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Corporation/Partnership, etc.:

Corporation/Partnership Name

Contact Person

Address

Phone (____) _____

If the owner does not live in Schoharie County or an adjacent county, owner must designate a **local agent** who can be reached day or night as **emergency contact**.

Local Agent Name(s)

Address

Telephone Numbers: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Please use the back if you need more space

New Mailing Address of Existing Owner

New Owner Name & Address

Any Additional Information:

Sworn to before me this _____ day of _____ in the year of _____.

Signature of Property Owner

Signature of Notary Public, State of New York

Notary Stamp