

LANDLORD NOTIFICATION FORM

I, _____, hereby state that I am the owner or property manager of the following rental property address:

Rental Address: _____

Rental City/State/Zip: _____

I hereby understand that I shall be responsible to the Garland County Department of Environmental Services for the payment of collection service charges, unless before the first day of the next month of service to a tenant the owner registers with the Department the name and address of lawful tenants occupying the subject premises and the type of written contract, when applicable, and the date the written contract expires.

Where occupants have been registered as tenants in accordance with county ordinance then the tenants become responsible for payment of fees and service charges.

The **Tenants** have provided the following information:

Previous Address

First Person M.I. Last Name State and ID/DL Number (e.g. AR DL 999111444)

Second Person M.I. Last Name State and ID/DL Number (e.g. AR DL 999111444)

Mailing Address (if different from Rental Address)

City, State, Zip

First Email Address Second Email Address

() ()
First Phone Number Second Phone Number

Move-In Date

X _____ **X** _____
First Tenant Signature (Required) **Second Tenant Signature (Required)**

X _____ () _____
Landlord/Manager Signature (Required) **Phone Number**

I confirm that the information provided by the tenants is accurate to the best of my knowledge. I understand that if the form is incomplete, it can be billed to me and not the tenants. If the incomplete item is not applicable, N/A will be entered in place of the information.

(Office Use Only)
Account # _____ Property # _____
PIN # _____ Zone/Day _____
Start Date _____ Cart # or W/O # _____
Initials _____