

Owner's Rental Property Registration



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: 302-378-1171
Fax: 302-378-5675
www.middletown.delaware.gov
rentals@middletown.delaware.gov

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 Rental Properties Code; Chapter 119 Property Maintenance Code; Town of Middletown Zoning Code; Delaware State Housing Code; and all other adopted codes of the Town of Middletown.

The owner & authorized agent are responsible to update the Town in writing if any changes are made to the rental information provided. Rental properties must be re-registered every three (3) years from date of approval with the Town.

PROPERTY OWNER INFORMATION: (If multiple owners, each owner must provide separated information)

Owner's Legal Name: (person signing below) _____

Physical Home Address: _____
(P.O. Box will not be accepted – Physical Address required)

Bus. / Entity Name: _____

Mailing Address: _____

Date of Birth: _____ Town of Middletown Business License #: _____

Home/ Bus. #: _____ Cell #: _____

E-mail: _____ 24 hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

* Signature (Owner) / Print Date

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

Owner's Legal Name: (person signing below) _____

Physical Home Address: _____
(P.O. Box will not be accepted – Physical Address required)

Bus. / Entity Name: _____

Business Address: _____

Date of Birth: _____ Town of Middletown Business License # _____

Home/ Bus. #: _____ Cell #: _____

E-mail: _____ 24 hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

* Signature (Additional Owner) / Print Date

AUTHORIZED AGENT INFORMATION: (Property Management Company /Person) (or Owner as the Agent)

Agent Name: (person signing below) _____

Physical Address: _____
(P.O. Box will not be accepted – Physical Address required)

Business Name: _____

Business Mailing Address: _____

Town Business License #: _____ Delaware Business License #: _____

Business #: _____ Cell #: _____

E-mail: _____ 24 Hour #: _____

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I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

* Signature Authorized Agent / Person / Print Date

AUTHORIZED INDIVIDUAL TO MAKE REPAIRS: (Maintenance Company / Business)

Individual Name: (person signing below) _____

Business Name: _____

Physical Business Address: _____
(P.O. Box will not be accepted – Physical Address required)

Business Mailing Address: _____

Town Business License #: _____ Delaware Business License #: _____

Business #: _____ Cell #: _____

E-mail: _____ 24 Hour #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

* Signature (Authorized Individual) / Print Date

Provide all owned rental property addresses (units) in the Town of Middletown REGISTRATION NO.

1. _____
2. _____
3. _____
4. _____

* Signature (Owner) / Print Date

OFFICE USE ONLY:

Approved by: _____ Date: _____

The Town of Middletown License and Inspection Department reserves the right to make changes or corrections to this form at its discretion Rev. 6.1.21