City of Jonesboro, Arkansas

Residential Landlord Registration

Property Owner

Name: _____

Street Address: _____

Preferred Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Telephone Number: _____ Cell Number: _____

Owner's Representative
Required if Property Owner Lives Out of State

Name: _____

Street Address: _____

Preferred Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Telephone Number: _____ Cell Number: _____

Property Manager/Alternate Contact

Name:_____

Street Address:_____

Preferred Mailing Address:_____

City:_____State:_____

Zip code:_____

Telephone Number:_____Cell Number:_____

Residential Rental Property

Name of Property	Street Address	Number of Units

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____Date

_____Signature