



Please submit to:
City of Beloit
100 State Street
Beloit, WI 53511
Attn: Rental Certificates

RENTAL REGISTRATION CERTIFICATE APPLICATION

Address of Rental Dwelling*: _____
Parcel Number (if known): _____
Census Tract: _____
Number of Certificates Requested*: _____

Current Owner Information (Required):

Post Office Box (Optional)

Name*: _____
Street Address*: _____
City* _____
State* _____ Zip*: _____
Phone Number*: _____

PO BOX: _____
City: _____
State: _____ Zip: _____
Date of Birth: _____ (Optional)

LANDLORD LISTING (OPTIONAL)

Do you wish to have your name and contact information added to the Landlord
List the City of Beloit will be producing and making available to the public? _____ Yes _____ No

PROPERTY MANAGER (OPTIONAL)

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____

**Items marked with * are required fields. Failure to provide necessary information may result in a delay of processing your application.

Signature – Owner: _____ Date: _____

Date Received: _____