



CITY OF PORT JERVIS
BUILDING DEPARTMENT
14-20 HAMMOND STREET; P.O. BOX 1002
PORT JERVIS, NEW YORK 12771
TELEPHONE: (845) 858-4080
FAX: (845) 856-6913

OWNERS REGISTRATION FORM
Three (3) Dwellings or more

Multiple Dwelling Street Address: _____

Building Owner's Name: _____

Owner's Address and Telephone Number: _____

Name of Contracted Hauler and Day(s) of Removal per Week: _____

NOTE: Private Haulers MUST be licensed with the City of Port Jervis

If Applicable, Corporation Information:

Name of Corporation: _____

Address of Corporation: _____

List of Corporation Officer's Name, Residence Address, Residence Telephone Number, Business Address, Business Telephone and Extension, (if other than above corporation address)

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

370-2 Code Ordinance of the City of Port Jervis: The Name, Residence, and Business Addresses, Residence and Business Telephone Numbers of a Natural Person, Twenty-One Years (21) or older, who actually resides in the City of Port Jervis and who shall be designated by such owner as a managing agent in control of and responsible for the maintenance and operation of such dwelling and who shall be designated as the person upon whom may be served on behalf of the owner.

Owner's Resident Agent (within City Limits): _____

Resident Agent Address and Telephone #: _____

Resident Agent Business Address and Telephone #: _____

NOTE: Any changes in ownership or resident managing status with regards to this property must be reported to the City of Port Jervis Building Department and the posted form revised within Ten (10) days of such change as required by law.

Owner or Corporation Officer Signature: _____