



Serving the Community

**RESIDENTIAL RENTAL PROGRAM
LOCAL AGENT REGISTRATION FORM**

COMMUNITY DEVELOPMENT DEPARTMENT
65 Stone Street, Cocoa, Florida 32922
Phone: (321) 433-8502 – Fax: (321) 433-8543
www.cocoafl.org

In accordance with Sec. 6-2004 of the City Code, each property owner is required to designate and register a local agent for each residential rental building and/or residential rental dwelling unit owned. The property owner and local agent shall be jointly and severally responsible for keeping the information on the form current and accurate. The property owner may serve as the local agent, provided the owner meets the requirements of Sec. 6-2004.

PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

LOCAL AGENT INFORMATION

Check box if the property owner is serving as the local agent. If someone other than the property owner is serving as the local agent, please complete the information below.

Note: Agent must have a local address in Brevard, Indian River, Orange, Osceola, Seminole, or Volusia County.

AGENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

RESIDENTIAL RENTAL PROPERTY INFORMATION

Note: See back of form to list more than one property.

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

CERTIFICATION

I certify that I am the fee simple owner of the property(ies) described on this form. I hereby authorize the individual named as "Local Agent" to serve as Agent on my behalf. I fully understand that any representation(s) made on my behalf, by my authorized representative shall be legally binding on me and on my aforesaid property as I myself have made said representation(s). I further certify that all of the information contained herein is true and correct to the best of my knowledge and belief.

Print Name of Property Owner

Signature of Property Owner

Date



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RESIDENTIAL RENTAL PROPERTY INFORMATION, continued

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

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NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)

TENANT NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

NUMBER OF UNITS: _____ RENTAL PERIOD: _____
(Weekly, Monthly, or Yearly, If other, please explain)