

Registration No. \_\_\_\_\_

**CITY OF CLINTON  
ANNUAL RESIDENTIAL RENTAL PROPERTY  
REGISTRATION FORM**

Post Office Box 156  
Clinton, Mississippi 39060  
Phone: 601-924-2256 - Fax: 601-924-0837

**Owners Contact Information**

\_\_\_\_\_ Check here if contact information has changed.

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

Mailing Address: \_\_\_\_\_

City

State

Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Local Agent Information:** If the Owner does not reside within 60 miles of the rental unit OR is not able to be contacted on a 24-hour basis, the Owner must provide information for a Local Agent who resides in Hinds County or an adjoining County AND is able to respond reasonably in the event of an emergency on a 24-hour basis.

\_\_\_\_\_ Check here if information has changed.

Agent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City

State

Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fee Schedule:**

Number of units: \_\_\_\_\_ @ \$25.00 each      Total Amount Due: \$ \_\_\_\_\_

Unit Type (circle all that apply)

Single Family

Duplex

Three-plex

Four-plex

Multi-Family



