Dear Non-Owner Occupied or Rental Property Owner:

Please be advised that your landlord rental and property owner registration has expired. You have 30 days to complete the renewal process without penalty. This renewal will be for a two year period.

All owners of non-owner occupied or rental property within the City of Niagara Falls are required to register and re-register their properties every two years whether the building is occupied or vacant. The registration is non-transferable and a registration form must be completed for each parcel owned. The fees are as follows:

<table>
<thead>
<tr>
<th>Buildings and unoccupied property containing one or two rental units</th>
<th>$25.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and unoccupied property containing three or more rental units</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

To complete the process, please complete the enclosed application and make your check or money order payable to the City Controller and mail the completed form and payment to:

City of Niagara Falls, New York  
Office of Landlord and Property Owner Registration  
P.O. Box 69  
Niagara Falls, New York 14302

Failure to register any rental property or non-owner occupied property required to be registered is a violation of Section 1137 of the City Ordinances and may subject you to criminal penalties, including a fine in an amount determined by how much time elapses following the aforementioned 30 day grace period, up to a maximum fine of $1,200.00. In addition, as per Section 911 of the City Ordinances failure to comply with this registration shall terminate the refuse and recycling collection at which time the carts will be removed from the property.

Any concerns concerning this application may be directed to the Landlord and Property Clerk at 716-286-4464. Additional applications can be obtained online at www.niagarafallsusa.org under NEWS AND ANNOUNCEMENTS.
## Landlord Rental and Property Owner Registration Renewal Application

**Property Address:**
__________________________________________

**Number of Buildings located on parcel:**
__________________________________________

**Type Rental Unit:**
- ☐ Single Family Dwelling
- ☐ Two Family
- ☐ Three Family
- ☐ Four or More Family
- ☐ Rental Condo
- ☐ Vacant Building
- ☐ Mix Use (Commercial/Residential)

**Owner Information:**
(please print)

<table>
<thead>
<tr>
<th>Individual(s)</th>
<th>Corporation</th>
</tr>
</thead>
</table>

**Name:** __________________________________________

**Date of Birth:** ________________________
(required)

**Phone Number:** __________________________

**Fax Number:** __________________________

**Cell Phone:** __________________________

**E-Mail Address:** __________________________

**Home Address:** ______________________________________

**City:** ______________________________________
**State:** ______________________________________
**Zip:** ______________________________________

**Insurance Company / Agent Information:** ______________________________________________________

**Insurance Company / Agent Information Phone Number:** ____________________________________________

**Corporation Officer/Co-Owner Information** (If Applicable, if more room is needed please attach another sheet)

**DO NOT USE A POST OFFICE BOX AS A MAILING ADDRESS.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Phone Number:** __________________________

**Fax Number:** __________________________

**Cell Phone:** __________________________

**E-Mail Address:** __________________________

**Home Address:** ______________________________________

**City:** ______________________________________
**State:** ______________________________________
**Zip:** ______________________________________

**Property Manager / Agent Information**
(Applicable ONLY IF owner resides outside of Erie or Niagara County)

**Name:** ______________________________________

**Date of Birth:** __________________________

**Phone Number:** __________________________

**Fax Number:** __________________________

**Cell Phone:** __________________________

**E-Mail Address:** __________________________

**Home Address:** ______________________________________

**City:** ______________________________________
**State:** ______________________________________
**Zip:** ______________________________________

**Owner**

**Property Manager/Agent**

**Sign:** __________________________

**Print:** __________________________

**Date:** __________________________
(Signature Required)

**Owners with more than one residential rental properties in the City of Niagara Falls should copy this page of the registration form to list additional properties. Additional applications can be obtained online at [www.niagarafallsusa.org](http://www.niagarafallsusa.org) under NEWS & ANNOUNCEMENTS.**

Rev. 6/15