Dear Non-Owner Occupied or Rental Property Owner:

Please be advised that 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:

- Buildings and unoccupied property containing one or two rental units: $25.00
- Buildings and unoccupied property containing three or more rental units: $40.00

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, Room 306
Niagara Falls, New York 14302

If there have been no changes to your registration information for a particular parcel, you may check the box below marked “NO CHANGES”, place your initials on the line, and return this letter together with your check.

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.

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.

☐ NO CHANGES ______
LANDLORD RENTAL AND PROPERTY OWNER
RENEWAL APPLICATION

745 Main St • Room 306 • P.O Box 69 • Niagara Falls, NY 14302
Phone: 716-286-4464  Fax: 716-286-4454

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) Individual(s) ______  Corporation ______

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.

Name:_______________________________________________  Date of Birth: ______________________ (required)
Phone Number:_____________________________ Fax Number:____________________________
Cell Phone:_____________________________ E-Mail Address:____________________________
Home Address:________________________________________________________________________
City:______________________________________ State:_________________ Zip:_________________
(No P.O. Boxes, please)

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: ____________________________________________  Sign: ______________________________
(Signature Required)
Print: ____________________________________________  Print: ______________________________
Date: ____________________________  Date: ____________________________

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 under NEWS & ANNOUNCEMENTS.

Rev. 4/14