VILLAGE OF SAUGERTIES BUILDING DEPARTMENT

43 PARTITION ST, SAUGERTIES NY 12477 PHONE: 845-246-2321 FAX: 845-246-0887 EMAIL: ESAAD@VILLAGEOFSAUGERTIES.ORG

Date:	
Rec'd By	

LANDLORD REGISTRATION STATEMENT

Property Address:		
Owner Occupied (check one) Yes □ No □ Tax Identification/SBL:		
Name of Owners(s)		
Owner's Physical Address		
Telephone: (Home) (Cell) (FAX)		
Owner's email address:		
Does the Owner consent to have Violation Notices sent to them by email instead of regular mail? (Check one) Yes □ No □		
IF YOU DO NOT OCCUPY THE REGISTERED PROPERTY AND RESIDE OUTSIDE OF ULSTER COUNTY, YOU MUST DESIGNATE A MANAGING AGENT AUTHORIZED TO ACCEPT SERVICE OF NOTICES AND LEGAL PROCESS AND WHO RESIDES IN ULSTER COUNTY.		
Name of Agent:		
Agent Physical Address:		
Telephone: (Home)(Cell)(FAX)		
Agent's email address:		
Does the Owner consent to have Violation Notices sent to them by email instead of regular mail? (Check one) Yes □ No □		
PROPERTY DESCRIPTION:		
Property Type: Residential ☐ Mixed Residential and Commercial ☐		
No of Residential Units in the Registered Property:		
Is the Property Insured for Property Damage and Fire Loss? Yes □ No □		
Is the Property Insured for Liability Losses? Yes □ No □		
Name of Insurance Company:		
Insurance Agent Name:		
Insurance Agent Telephone Number:		

	<u></u>
	Owner
Sworn to me this day	
of, 20	
NOTARY PUBLIC/COMMISSIONER OF DEEDS	
Commission Expiration Date	
NON-COUNTY RE	SIDENT OWNERS
for purposes of managing the property identified hereing warnings, communications and legal processes upon the	r, designate the agent herein named to serve as my agent n, and authorize and consent to service of all notices, e designated agent. The undersigned agent accepts the ner's agent for all purposes required by VILLAGE OF
Owner	Agent

The undersigned owner certifies, under penalty of perjury, that the foregoing information is true and correct.