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CITY OF GREENBELT
P.O. BOX 7959
LANCASTER, PA 17604
301-345-5417 Phone • Fax 301-345-5418
302-mail: mdebord@greenbeltmd.gov

RENTAL PROPERTY APPLICATION

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

ADDRESS OF RENTAL PROPERTY:	
TYPE OF DWELLING: (Please Check one) ☐ Detached Single Family ☐ Condominium ☐ Single Room ☐ Multi-Family Dwelling ☐ Townhouse	
Owner's Principal Residence (Required) Name(s):	**24-HOUR EMERGENCY CONTACT:** Phone:
Address:	**TENANT NAME(S)**:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email Address:	
***ALL OWNERS RESIDING OUTSIDE THE STATE SHALL HAVE AN AGENT WHO SHALL RESIDE WITHIN THE STATE, OR WITHIN FIFTY (50) MILES OF THE CITY, AND SHALL CERTIFY THE NAME, ADDRESS AND TELEPHONE NUMBER OF SUCH AGENT AND SHALL KEEP SUCH INFORMATION CURRENT. SAID AGENT SHALL BE DESIGNATED TO RECEIVE AND ACCEPT NOTICES ON BEHALF OF THE OWNER.**	
MANAGING AGENT: *Name Required – see above	**RESIDENT MANAGER: Multi-family dwellings only**
*Agent's Name:	Name:
Company (if any):	Address:
Address:	
Email:	Phone:
Phone:	

Below are listed fees and fines associated with the City of Greenbelt's rental inspection program and they may be imposed for the reasons stated. The annual fee shall be paid at least 10 days prior to inspection of the rental property.

Annual Fee For Single Family Dwelling, Condo, Single Room (s), Townhouse	$150.00
Annual Fee For Multi-Family Dwellings (Per Unit)	$110.00
Each Missed Inspection Appointment	$125.00
Additional Re-Inspections (Only One Gratis Re-Inspection Is Permitted Per Unit)	$15.00
Returned Check Charge	$25.00

I have carefully reviewed the information contained in this application and attest the same is true and correct and that in renting dwelling units, all provisions of the City of Greenbelt's laws and ordinances will be observed. A copy of Chapter 4 of the Greenbelt City Code may be requested at any time by calling 301-345-5417 or at the city's website at www.greenbeltmd.gov.

Owner/Agent: _____ _____ _____
Printed Name Signature Date

OFFICE USE ONLY Fee Amount:_____ Date Received:_____
Revised 01/2017