

INCORPORATED VILLAGE OF NORTH HAVEN Building & Zoning Department

335 Ferry Road, Sag Harbor, New York 11963 PHONE: (631) 725-1378 FAX: (631) 725-1120

LEASE REGISTRATION/CHANGE OF TENANT FORM

Property Owner	:	_ Phone:	Rental Permit Number:
Rental Property	Address:		
Tenant Informat			
Term of	Lease: Beginning Date: _		Ending Date:
Primary	Tenant Cell Phone:		Alternate Phone:
Primary [*]	Tenant Email:		
LIST OF ALL TENANTS	5 (Include all adults & chil	ldren occup	ving the dwelling, even if not listed on the Lease):
Name:		Age:	License Plate No
Name:		Age:	License Plate No
Name:		Age:	License Plate No
Name:		Age:	License Plate No
Name:		Age:	License Plate No
Name:	 	Age:	License Plate No.
Name:		Age:	License Plate No
Name:		Age:	License Plate No

A COPY OF YOUR FULLY EXECUTED LEASE MUST BE ATTACHED.

DECLARATION: Signature must be notarized and MUST be by the owner of the dwelling unit.

STATE OF NEW YORK}		
COUNTY OF SUFFOUR		
COUNTY OF SUFFOLK}		
application (including statements the same are true and accurate. Village of North Haven and the Nosame. To the best of my knowled the Village of North Haven or the property which is subject of this r from tenants or others regarding the subject of this rental permit a	s made in any accompany I have read copies of Cha ew York State Property Nage there is no existing sa New York State Uniform rental permit application. any existing code, safety application. I further state d regulations stated in Ch	ty of perjury, that the statements made in this ing papers) have been examined by me and pter 163, Sections 77-95 of the Code of the flaintenance Code and agree to abide by the fety or health code violation of the Code of Fire Prevention and Building Code at the I do not have any knowledge of complaints or health violations at the property which is that I have provided all tenants over the age napter 163, Sections 77-95 of the Code of the
		
Owner's Original Signature:		
Sworn to before me this da	y of 20	
Original Notary Public Signature and (Original Notary Stamp	