Application for Rental Certificate

City of Des Moines – Neighborhood Inspection Zoning Division
602 Robert D Ray Dr – Des Moines IA 50309  P(515)283-4046  F(515)237-1859  NID@dmgov.org

For our office use please use black ink to complete this application

Rental Property Address:__________________________________________________  Bldg.: ______

Type of Property: □ Single Family  □ Duplex  □ Mobile Home  □ Condominium
□ Multi-family dwelling with # ___ Units  □ Rooming House with # ___Units
□ Common Area Occupancy  Status: Occupied  □ Vacant

__________________________________________________________
Property Owner(s) Name: ______________________________________________
The owner’s name must be as it appears on Polk County Assessor’s Records.

Mailing Address: __________________________________________________________

Physical Address: __________________________________________________________
If mailing address is a PO Box, a physical address must also be provided.

City ________________________ State _______ Zip _____________   Email _____________________

Phone: (work) _______________ (cell) _______________ (home) _______________

If property is owned by a business, corporation, or partnership please provide the name of person
authorized to sign for the business, corporation, or partnership: __________________________

Business Tax ID #___________________________

Phone: _______________________________   Email address _______________________________

ONLY AN INDIVIDUAL OWNER OR A LISTED OFFICER OR A CORPORATION, BUSINESS, TRUST OR PARTNERSHIP IS
AUTHORIZAED TO SIGN THIS DOCUMENT. YOU MUST PROVIDE PROOF OF RIGHT TO SIGN FOR CORPORATION,
BUSINESS, TRUST OR PARTNERSHIP AND A COPY OF THE SAME SHALL BE INCLUDED WITH THIS APPLICATION.

NOTICE: THE INFORMATION PROVIDED IN THIS APPLICATION IS PUBLIC RECORD. INCOMPLETE APPLICATION
WILL NOT BE ACCEPTED.
A management agent is required to be appointed if the owner of residential rental property located in the city, resides outside of Polk County or any county contiguous to Polk County. The owner shall provide the Neighborhood Inspection Division with the name and physical address of an individual over the age of 18 who shall reside in Polk County or any county contiguous thereto to act as the contract person appointed to manage the property. Section 60-31 of the Municipal Code of the City of Des Moines.

Management Agent:

___________________________________  ______________________________________
Name of company                         Name of management agent

____________________________________  
Email address

_______________________________________  ________________________________
Address                                Physical address

City _______________________________ State _______ Zip _____________

Phone: (work) _______________ (cell) _______________ (home) _______________

The management agent will receive all notices of violations issued pursuant to the Residential Property Maintenance Code, invoices, certificates, and service of court proceedings in connection with the enforcement of the ordinances relating to this property.

If no management agent is required all notices of violations issued pursuant to the Residential Property Maintenance Code, invoices, certificates and service of court proceedings in connection with enforcement of the ordinances relating to this rental property will be sent to the owner at the address provided in this application.

I hereby acknowledge that I have completed this application and state that the information contained therein is correct.

_____________________________________________ Date: _______________________________
Owner’s Signature

_____________________________________________
Printed Name

ANY OWNER WHO FAILS TO RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF NEIGHBORHOOD INSPECTION DIVISION SHALL BE GUILTY OF A MUNICIPAL INFRACTION PUNISHABLE BY CIVIL PENALTY AS PROVIDED BY SECTION 1-15 OF THE CODE.

Updated 11/17/2016