

Building & Engineering Departments

736 F Street, Arcata, CA 95521-6284 707-822-59-56 email to "rental program" www.cityofarcata.org

Residential Rental Inspection Services

Registration Form

10/26/16

Rental Property Information (Please list each	property on separate re	gistration form, use lir	nk on website to pi	rint additional copies)
Street Address		<u> </u>	•	
APN	_ Single Family 🔲	Multiple Units \square	Total # of Units	on Property*
List Each Unit:				
Rental Type (check all that apply)				
Long Term Rental Short Term / Vacation active TOT?	ı Rental Gov	't Agency Inspecte verification included?	d / HUD	2nd Home / Personal Use proof provided?
Property Owner Information		Owner ID (found on top right corner of letter)		
First Name	Last Na	ame		
First Name	Last Na	ame		
Mailing Address	City		State	Zip
Email				
Home Phone Cell Phone		Wo	ork Phone	
Principal Residence*	City		State	Zip
Preferred Contact Person			Owner	Property Manager
Property Manager Information (if applicable	e)			
Company Name				
First Name	Last Na	ame		
Mailing Address	City		State	Zip
Email Con	ntact Phone		Home [Cell Work
Preferred Inspection Type (please select one, selection	on is not guaranteed as	City reserves right to	o modify)	
City Inspection (yearly inspection performed by City inspector)		Self-Inspection (self-inspection of all units is performed yearly, City inspection of 20% of all units is mandatory every 5 years)		
Signature		Dat	te	

Please submit to the Residential Rental Inspection Services. Thank you!