



## Rental Registration Program Application

17101 W 87 Street Pkwy  
Lenexa, KS 66219

Phone 913-477-7725  
Fax 913-477-7730

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Owner of Record (If a corporation see #3 below or Natural Person see #2 below)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (PO Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**2. Owner's Agent or Manager (Only required if owner lives out-of-state)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (PO Box not accepted and must be in Johnson County, KS) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_

**3. Legal Entity Information (Proof of good standing from the Sec. of State in the state in which the entity is registered is required)**

Full Name of Legal Entity \_\_\_\_\_

Name of Officer or Responsible Party: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (PO Box not accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature of Officer or Responsible Party \_\_\_\_\_

**PROPERTY INFORMATION**

Property Address	Type of Property (single family, duplex, apartment)	# of Rental Units (if applicable)

**Note: If you have additional properties, please attach additional pages.**



**Please beware the city code requires the following of property owners:**

As the property owner I understand I am responsible for:

1. providing and maintaining a 1-A-5-BC classification **fire extinguisher** for each rental unit.
2. ensuring interconnected, working **smoke alarms** are provided for each level of the unit, one in each sleeping area and one outside the sleeping areas.
3. ensuring working, interconnected **carbon monoxide** alarms are provided outside each sleeping area.

**By signing above, I declare under penalty of perjury that the statements made herein are true and correct.**