

City of Woodruff Rental Housing Registration Form

231 E. Hayne Street
Woodruff, SC 29388
Phone: 864-476-8154 Fax: 864-476-8119
www.cityofwoodruff.com

Rental Housing Registration Form | Year _____

For City use only

Reg. No. _____ Entry Date. _____ Initial. _____

Total Fees Paid (Separate Fee for Each Unit) _____

Following to be completed by property owner or their designee

Property Owner(s) _____

Mailing Address _____

E-mail Ph _____

Cell _____ Fax _____

Responsible Local Agent _____

Click here if same as above Mailing Address _____

City _____ State _____ Zip Code _____

E-mail Ph _____

Lien Holder (unit or property) _____

Mailing Address _____

Ph _____ Total No. of Properties to Register _____

Total No. of Units _____ City Business License No _____

Property No. 1

Tenant(s) Name _____

Rental Property Street Address _____

Tax Map No _____ No. of Unit(s) at this address _____

Type of Unit(s) _____

I acknowledge that I am aware of the City codes that apply to the listed property(ies) and will maintain the property(ies) in accordance with all applicable regulations

Signature of Owner/Local Responsible Agent _____

Date