



City of Groveland Rental Registration Form

CASE # _____

Building Department

OFFICE PHONE: 352-429-2141 EMAIL: PERMITTING@GROVELAND-FL.GOV FAX: 352-429-3046

RENTAL PROPERTY ADDRESS: _____

Primary Tenant Name: _____
Date of Occupancy: _____ Number of Occupants: _____

Inspection completed before new tenant occupancy?

Please complete the appropriate information below (please print): (INCOMPLETE FORMS WILL BE RETURNED)

INDIVIDUAL OWNER

Owner's Name: _____
E-mail Address: _____ Phone: _____
Address: _____

PARTNERSHIP

Partnership/Company Name: _____
List the name, business address and phone number of each partner:

E-mail Address: _____

CORPORATION

Corporation Name: _____
Mailing address: _____
Business location: _____
Local Person in Charge: _____ Phone number: _____
List names of all officers, directors and trustees: _____

E-mail Address: _____

PROPERTY MANAGER

Property Management Company: _____
Address: _____
Agent's Name: _____ Phone Number: _____
E-mail Address: _____

Signature of Owner/Agent: _____ **Date:** _____