



RENTAL REGISTRATION APPLICATION

Wareham Board of Health
54 Marion Road
Wareham, Ma 02571
508 291-3100 Ext. 3197

Annual Fee per unit \$100.00
Additional units owned by the
same owner in the same facility
\$25.00 Certificate valid for (1) year

Name of Property Owner(s) _____

Owner's Year Round Mailing Address _____

Town _____ State _____ Zip Code _____ Home Phone _____

Type of Unit: _____ Private Home ____ Cottage ____ Duplex ____ Apartment ____

Condo _____

STREET AND HOUSE NUMBER OF RENTAL PROPERTY _____

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THIS APPLICATION MUST BE SUBMITTED TO THE WAREHAM BOARD OF HEALTH WITH
THE REQUIRED FEE. THE BOARD OF HEALTH WILL CONTACT YOU TO ARRANGE FOR A
CHAPTER II HOUSING INSPECTION.

Property equipped with operating smoke and carbon monoxide detectors.

Present ? Yes No

Is this property rented: Seasonally _____ Year Round _____

Who is responsible for trash disposal at this property? Owner ____ Tenant ____
Disposal Service _____

FAILURE TO REGISTER THIS PROPERTY, OR VIOLATION OF THE REGULATION WILL
RESULT IN A FINE OF \$100.00 FOR EACH OFFENSE.

Signature of Owner: _____ Date _____

F1/9/13