

CITY OF RIVER FALLS
Application for TRANSFER of Rental Housing Permit

ADDRESS OF RENTAL: _____

FOR OFFICE USE ONLY:	BUILDING USE: _____
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Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Work/Cell: (____) _____

Manager/Caretaker Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone: (____) _____ Work/Cell: (____) _____

FOR OFFICE USE ONLY:	<u>OCCUPANCY LIMIT</u> *
UNIT #1 _____ :	_____ BEDROOM(S) _____ PERSON(S)
UNIT #2 _____ :	_____ BEDROOM(S) _____ PERSON(S)
UNIT #3 _____ :	_____ BEDROOM(S) _____ PERSON(S)
UNIT #4 _____ :	_____ BEDROOM(S) _____ PERSON(S)
ALL UNITS (If applicable):	_____ BEDROOM(S) _____ PERSON(S)
*[ALL UNITS ZONED "R1" WILL BE LIMITED TO 4 UNRELATED PERSONS AS OF 2020.]	

I agree to comply with Municipal Code Chapter 15.16. Copies of Chapter 15.16 are available upon request or it can be found on the City web page @ www.rfcity.org.

OWNER/AGENT: _____ **DATE:** _____

Return this application and permit fee payment, (Payable to: City of River Falls), to:

RENTAL HOUSING PERMITS
CITY OF RIVER FALLS
222 LEWIS ST., STE 212
RIVER FALLS, WI 54022

FOR OFFICE USE ONLY:	ZONING DISTRICT: _____
Expiration Date: ____/____/____	[All "R-1" UNITS LIMITED TO 4 PERSONS AS OF 2020.]
Permit Fee Paid: __\$_____	
Date Received: ____/____/____	
Receipt #: _____	
Check #: _____	
	No. of Permit Cards: _____
	PERMIT #: _____ - _____ - _____
	Date Permit Issued: ____ - ____ - ____