



Finance Department | Accounts Receivable
 1000 San Pablo Ave.
 Albany, CA 94706
 Phone: (510) 528-5730
 City Website: www.albanyca.org

RENT REVIEW ORDINANCE

Residential Rental Supplemental Form

Official City Use Only

Account Number _____

Completion of this form is **REQUIRED**. Please provide the requested information below for all rental addresses in the City of Albany. Be sure to submit this form with your business license renewal notice.

RENTAL PROPERTY OWNER INFORMATION

Property Owner Name: _____

Total Number of Rental Units Owned in the City of Albany (REQUIRED): _____

RENTAL ADDRESSES

Complete for all rental properties located in the City of Albany (REQUIRED). Attach additional sheets if necessary.

| Rental Address (#, Street, Suite/Apt) | Parcel # | # of Units |
|---------------------------------------|----------|------------|
| Rental Address 1 | _____ | _____ |
| Rental Address 2 | _____ | _____ |
| Rental Address 3 | _____ | _____ |
| Rental Address 4 | _____ | _____ |
| Rental Address 5 | _____ | _____ |
| Rental Address 6 | _____ | _____ |
| Rental Address 7 | _____ | _____ |
| Rental Address 8 | _____ | _____ |
| Rental Address 9 | _____ | _____ |
| Rental Address 10 | _____ | _____ |
| Total # of Units | | |

PROPERTY MANAGER (if applicable)

Property Management Company Name (if applicable): _____

Property Manager Name (if applicable): _____

Address (#, Street, Suite/Apt): _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

RENT REVIEW ORDINANCE: Annual residential rental unit fee \$15 per unit

I declare under penalty of perjury, under the laws of California, that the foregoing is true and correct to the best of my knowledge.

 Signature of Owner or Authorized Agent Printed Name and Title Date