



**Planning and Community Development Department**

809 Center Street - Room 107 - Santa Cruz, CA 95060

831.420.5140 - rental@cityofsantacruz.com - [www.cityofsantacruz.com/rentalinspections](http://www.cityofsantacruz.com/rentalinspections)

**Residential Rental Inspection Program  
Registration Form**

**Rental Property Information** (If multiple properties, please list each property on separate registration form, use link on website to print additional copies)

Street Address \_\_\_\_\_ City Santa Cruz State CA Zip \_\_\_\_\_

APN \_\_\_\_\_ Single Family  Multiple Units  Total # of Units on Property\* \_\_\_\_\_

\*List Each Rental Unit Address: \_\_\_\_\_  
(use back side if necessary)

**Property Owner Information**

**Owner ID** \_\_\_\_\_

(found on top right corner of letter)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Home  Cell  Work

Preferred Contact Person \_\_\_\_\_ Owner  Property Manager

**Property Manager Information** (if applicable)

Company Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Contact Phone \_\_\_\_\_ Home  Cell  Work

**Preferred Inspection Type** (please select one, selection is not guaranteed as City reserves right to modify)

City Inspection   
(yearly inspection performed by City inspector)

Self-Certification   
(self-inspection of all units is performed yearly,  
City inspection of 20% of all units is mandatory every 5 years)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit to the Residential Rental Inspection Program. Thank you!