

**Landlord Registration**  
**(Section 215 of Land Development Code of Code of Ordinances of the**  
**City of Coral Springs)**

Date: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Facsimile Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency contact information if different from above:** \_\_\_\_\_

\_\_\_\_\_

**Property Manager Information:**

Name of property manager \_\_\_\_\_

Address of property manager: \_\_\_\_\_

\_\_\_\_\_

Name of Contact person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Information if different from above \_\_\_\_\_

\_\_\_\_\_

**Type of units: townhouse, condo, apartment, other** \_\_\_\_\_

**Name of complex (if applicable)** \_\_\_\_\_

**Address(es) of the rental dwelling units** \_\_\_\_\_

\_\_\_\_\_

**Number of Buildings:** \_\_\_\_\_ **Total Number of Units** \_\_\_\_\_

Is there a mortgage on the property?  Yes  NO

If yes, complete the following: Name of Mortgagee \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Folio Number(s) as indicated by Broward County Property Appraiser:

\_\_\_\_\_

**If the units are located in a condominium, provide the following information:**

Name of Condominium Association: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of property manager, if applicable: \_\_\_\_\_

Address of property manager: \_\_\_\_\_

Name of Contact person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Information if different from above \_\_\_\_\_

\_\_\_\_\_

**Have you and/or a principal ever been cited for or found in violation of any required housing codes:**  
 Yes  No **If the answer is yes, provide the following information:**

Date of Violations(s) \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Nature of Violation \_\_\_\_\_

Disposition of Violation: \_\_\_\_\_

**By signing below I acknowledge and agree that I have reviewed Section 215 of the Land Development Code related to the Landlord Registration Program and acknowledge that that I will do the following:**



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ (name of officer or agent, title of officer or agent), a \_\_\_\_\_ (State or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced \_\_\_\_\_ (Type of identification) as identification.

\_\_\_\_\_  
NOTARY SIGNATURE

(Seal)

\_\_\_\_\_  
Name typed, printed, or stamped

(If completed by agent, attach a copy of the affidavit authorizing you to act on behalf of the owner)

The City of Coral Springs' Ordinances are available online at [www.coral Springs.org](http://www.coral Springs.org)

**SUBMIT COMPLETED REGISTRATION TO:**

Business Tax Office  
Attn: Landlord Registration  
City of Coral Springs  
9551 West Sample Road  
Coral Springs, Florida 33065

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For office use only:

Date received: \_\_\_\_\_

Application complete: \_\_\_\_\_

Verified By: \_\_\_\_\_