

**City of Coral Springs**  
**Homeowner Declaration Exemption**

As a property owner, I am not subject to the Landlord Registration the City of Coral Springs Ordinance 2012-115.

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

Broward County Folio: 48-41-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Legal Description: \_\_\_\_\_

Dwelling Type:    Single Family    Duplex    Triplex    Fourplex    Townhouse    Condominium    Other

Please indicate the exemption you are requesting below, and provide the necessary information required under that exemption.

Non-rental structure or unit(s):

(A) \_\_\_\_\_ Owner Occupied;

(B) \_\_\_\_\_ Vacant with no intention of offering for lease;

(C) \_\_\_\_\_ Other ( \_\_\_\_\_ )

Property Owner: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

This form must be signed as noted below by the property owner and all documentation and notifications as required above must be attached to this form and submitted to this office. Should you require additional information regarding this matter, please contact the Business Tax or Code Compliance Office at (954) 344-5363.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number