

La Crosse Fire Department

Division of Community Risk Management







APPLICATION FOR RENTAL REGISTRATION CERTIFICATE

Section 1- Property Address(es) i	for which registration is requested:
Rental Dwelling Address	Tax Parcel ID #
Section 2- Owner or Owner's Age	ant contact information
Section 2- Owner or Owner's Age	ent contact information
Name	
Address	· · · · · · · · · · · · · · · · · · ·
City/State/Zip	
Email Address	
Telephone ()	
Cell ()	
Please check one:	the owner
☐ I am	the agent of the owner
Owner or Owner's Agent Signature	

PLEASE ENCLOSE PAYMENT OF \$10 FOR EACH PARCEL TO BE REGISTERED