

# 2023 RESIDENTIAL RENTAL PROPERTY RENEWAL APPLICATION



Building Department  
Rental Inspector: Dawn Baker



MAIL COPY TO:

Checks Payable To: City of Coralville  
PO Box 5127 Coralville, IA 52241  
PHONE: 319-248-1720  
EMAIL: dstoddard@coralville.org

This is your only notice to pay and failure to pay may result in a municipal citation.

**ALL RENTAL RENEWALS ARE DUE BY JANUARY 1, 2023. NON-COMPLIANCE FEE IS \$50.00 PER UNIT**

By renewing your Rental Permit and signing this form you or your representative are stating the properties listed below are in compliance with the City of Coralville Rental Code Chapter 145 of Coralville Code of Ordinances.

**YOU MUST FILL OUT A SEPARATE FORM FOR EACH PROPERTY.**

OFFICE USE:

CHECK # \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

RENTAL UNIT TYPE:

SINGLE FAMILY  
CONDOMINIUM  
ZERO LOT  
OWNER OCCUPIED DUPLEX  
DUPLEX

4 PLEX  
8 PLEX  
12 PLEX  
CO-OP OWNED UNITS/COMPLEX  
COMMERCIAL BUILDINGS  
w/APARTMENT UNITS IN BUILDING

**NOTICE: ALL DWELLINGS ARE \$50.00 PER UNIT.**

PROPERTY ADDRESS: \_\_\_\_\_ # UNITS \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER CONTACT PHONE #: \_\_\_\_\_ Alt. PHONE #: \_\_\_\_\_

BUSINESS NAME OR AGENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PROPERTY MANAGER OR AGENT: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCAL EMERGENCY CONTACT OR EMERGENCY AGENT CONTACT:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**All Property Owners Must Have A Local Individual Or Agent If You Live More Than 50 Miles Outside of Coralville.**

DATE SIGNED \_\_\_\_\_ TOTAL PAID \$ \_\_\_\_\_ CHECK# \_\_\_\_\_