

Village South Nyack – Multiple Dwelling/Commercial Annual Inspection Registration Form

Enter Information below & mail back form with applicable fee

Parcel Information

Property
Address
(required)

City

State

ZIP Code

#'s of units

Unit Type (Apt/Coop/Church/Office/Etc.)

Applicant Information

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email

Applicant Type

Check
Applicable

OWNER(S)

PROPERTYMANAGER

TRUSTEE OF PROPERTY

OTHER RESPONSIBLE PARTY

Emergency Contact Information

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email

Disclaimer and Signature

I affirm that I have read and understand all of the terms and conditions as outlined above. I also hereby certify that the information entered in this application is correct to the best of my knowledge and understand that falsification of this information may constitute an offense punishable by fine or imprisonment both.

Signature:

Date: