

Rental Registry Invoice

This invoice must be completed and returned with propert fees

Office of Planning & Zoning 6 N. Main Street Suite 7, Barre, VT 05641-4177 (802) 476-0245

Property Address: Property Tax ID #: _		erty Tax ID #:	
Number of rental units on C	City Record:		
1. Verify this property is:	☐ Single family home ☐ C	wner-Occupied single	family home w/ accessory
	☐ Duplex (two units)	☐ Multi-family (3 or m	nore Units)
Description: (This form covers FY2024, which is July 1, 2023 through June 30, 2024)			Total
Total units from City Reco	rds, including any owner occup	ied structures	
List total number of exemp	otions (owner occupied, vacant,	non-use)	
List number of registered u	units in the Rental Housing Pro	gram	
Total registered units at \$6	60.00 per unit Amount Du	e by June 30, 202	23 \$
Property Owner:	ation: <u>(Please verify, provide any r</u>	Email Address:	
Mailing Address:		Molling Address (if	different than at left):
maning Address.		Manning Address (ii c	amerent than at lefty.
City/State/Zip:			
Daytime Telephone:		After Hours Phone:	Mobile Phone:
Property Manager, Name a	nd Phone Number If applicable:		
June 30th, 2023 and return	th either cash or make a check to Planning and Zoning Depar 30 th will be subject to an 8% pe tal unit.	tment, 6 Ň. Main St, Ś	te. 7, Barre, VT 05641,
must be completed as required that by signing below, all afore	e Minimum Housing Ordinance, for d by Barre City Chapter 7 Minimum ementioned statements in this Re make false statements to a municip	Housing Standards Ordigistry are true, and I under	nance. I state under oath
Owner Printed Nam	Owner Printed Name Owr		 Date