



Town of Whitestown  
Building Department  
**Rental Division**  
6210 Veterans Drive  
Whitestown, IN 46075

Whitestown Building Inspector  
317.732.4533

## RENTAL HOUSING REGISTRATION & INSPECTION FORM

Please complete this form in its entirety and return it to the Whitestown Building Department along with the respective fee. **Please note** only business/cashier/personal checks and money orders are accepted.

### Fee Schedule per Property Unit:

Initial & Yearly Registration: **\$5.00**    Inspections: **\$125.00**    New Construction Rental/UTF: **\$125.00**

- Yearly registration fees are due by the end of January each new calendar year.
- In order to obtain a "Rental Certificate of Occupancy" inspections must be completed **prior** to new tenants taking position of the property.
- Failure to get an inspection beforehand may result in additional fees being assessed.**

### ACTION REQUESTED:

\_\_\_\_\_ Initial Registration (\$5.00)    \_\_\_\_\_ Annual Registration (\$5.00)    Registration Year: **2022**  
\_\_\_\_\_ Inspection (\$125.00)    \_\_\_\_\_ New Construction/UTF (\$125.00)  
Total Fee(s) Submitted: \$ \_\_\_\_\_

### RENTAL PROPERTY/DWELLING UNIT INFORMATION:

*You may obtain information on your property at the Town's GIS website: [www.whitestowngis.com](http://www.whitestowngis.com)*

Rental Property Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Single Family: \_\_\_\_\_ Multi-Family: \_\_\_\_\_ Apartment: \_\_\_\_\_

### PROPERTY OWNER & REPRESENTATIVE'S INFORMATION:

Property Owner's Name (required): \_\_\_\_\_  
Property Owner's Mailing Address (required): \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Property Owner's Phone Number (required): \_\_\_\_\_  
Property Owner's Email Address (optional): \_\_\_\_\_  
Representative's Name (if other than above): \_\_\_\_\_  
Representative's Address (required): \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Representative's Phone Number (required): \_\_\_\_\_  
Representative's Email Address (optional): \_\_\_\_\_



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**TENANT INFORMATION:**

Tenant(s) Name(s): \_\_\_\_\_

Contact Information for Tenant(s): \_\_\_\_\_

Start Date of Lease: \_\_\_\_\_

End Date of Lease: \_\_\_\_\_

**PROPERTY OWNER AGREEMENT:**

I, \_\_\_\_\_ affirm that the information contained within this document relating to the dwelling located at \_\_\_\_\_, is true and correct to the best of my knowledge, and that I will submit any change in the information relating to the Property Owner, Property Owner's Representative or Tenant not more that 30 days after the change is made and that I will comply with the requirements set forth in **Ordinance 2014-25** within the required time period.

I also certify that there are \_\_\_\_\_ dwelling unit(s) on this property, and that I agree to allow the Inspection Officer to inspect the dwelling unit(s) upon inspection.

I understand that failing to comply with the Rental Registration and Inspection Program could result in fines, the unit not being approved for occupancy, and water utility services not approved.

Property Owner/Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*As a reminder, all rental property is required to be registered with the Town of Whitestown and renewed annually; the fee is \$5.00. Rental properties are only required to be inspected when there is a tenant change, and prior to a new tenant moving in and/or moving in belongings. A \$125.00 inspection fee must be paid after inspection or re-inspection. A utility transfer will not be issued until the property is inspected.*