

City of San Marino

ADDRESS OF UNOCCUPIED RESIDENCE: _____

PROPERTY OWNER INFORMATION:

Name of Owner: _____

Name of Person Registering Residence (if different from owner): _____

Owner's Phone Number(s): _____

Owner's Email Address: _____

The following contact(s) are local, is authorized to act on behalf of the property, and is available by telephone 24 hours a day.

AUTHORIZED PERSONS

1st Contact:

Name: _____

Phone Number(s): _____

Email Address: _____

2nd Contact:

Name: _____

Phone Number(s): _____

Email Address: _____

3rd Contact:

Name: _____

Phone Number(s): _____

Email Address: _____

Property Management Company Information:

As an alternative to having the three above contacts, a property management company that can respond within one (1) hour and on a 24-hour basis, can be provided as the authorized contact. The following company has been hired by the owner and is authorized to take actions related to the property.

Name: _____

Phone Number(s): _____

I, the property owner, hereby declare under penalty of perjury that all information submitted for this application is true and correct. I acknowledge that I am strictly liable for failures to maintain the property and/or for a response in a timely manner.

Signature: _____

Print Name: _____

Date: _____