

**INCORPORATED VILLAGE OF LAUREL HOLLOW**

1492 Laurel Hollow Rd., Syosset, NY 11791 (516) 692-8826 Fax (516) 692-4198

[www.laurelhollow.org](http://www.laurelhollow.org)

PERMIT #

**COMBINED RENTAL REGISTRATION & TENANT IDENTIFICATION FORM**

For A Rental Dwelling Unit.

Pursuant to Village Code, Chapter 100, § 100-1 through 100-6

1.

**Owner Information:**

Owner: \_\_\_\_\_

Address of Owner (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

2.

**Rental Property Information:**

Section #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Planned Number of Occupants: \_\_\_\_\_

3.

**Tenant Information:**

Term of Lease: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

(copy of lease must be attached)

**List All Tenants:**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please attach a separate page for additional tenants.**

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**Tenants must all be members of the same family!** A family shall constitute either: **(1)** One or more persons related by blood, adoption or marriage living and cooking together as a single housekeeping unit, inclusive of household employees; or **(2)** A number of persons, not exceeding two, living and cooking together as a single housekeeping unit though not related by blood, adoption or marriage

The provided information is truthful and accurate to the best of my knowledge. I understand that false statements made herein may result in a criminal penalty. I agree to comply with current requirements of the Building Department of the Village of Laurel Hollow, any requirements promulgated in the future and will allow inspections of the listed property as necessary to insure compliance. In the event the property will no longer be used as a Rental Unit or if any of the above information changes, I will immediately notify this office and provide any necessary verification.

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Signature of Owner \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_