



City of Cambridge

DEPARTMENT OF PUBLIC WORKS

705 LEONARD LANE
CAMBRIDGE, MARYLAND 21613
TELEPHONE: 410-228-1955
FAX: 410-228-3814
MD RELAY (V/TTY) 7-1-1 or 1-800-735-2258

Rental Registration Form

Ordinance No. 1006 Chapter 10 "Licenses" §10-11 of the City Code of Laws

Complete one form for each property or each dwelling unit within a multi-family building.

Property Address: _____
Number Street Apt. #

Year structure was built: _____ Property Tax ID#: 07-_____

Property Owner Information (for additional owner, or resident agent please use reverse of sheet):

Name: _____
First M.I. Last

Address: _____
Number Street Apt. #

_____ City or Town County State Zip Code

(H) Phone: _____ (C) Phone: _____ (W) Phone: _____

After February 24, 2006, all properties built before 1950 must have a Lead Inspection Certificate for each tenancy required under the Maryland Department of the Environment (MDE), §6-815(c) of the Environment Article. If you do not have the required Lead Inspection Certificate, you will not be permitted to register the rental property, nor allow occupancy of said property.

If this structure was built before 1950, please complete:

Lead Inspection Cert. No.: _____ Date issued: _____ MDE Tracking No.: _____

Has the property been inspected by an accredited lead inspector for the current tenancy? _____ Yes _____ No

It shall be unlawful for any property owner to offer any unit for rent or to allow any rental unit to be occupied without having first registered the property as a rental. The Department of Public Works, Code Enforcement Division, must be notified within ten (10) days of any change in the authorized agent/property manager. Any violations of this Ordinance, as adopted by the City of Cambridge, shall be deemed guilty of a municipal infraction, the fines for which shall be in accordance with said Ordinance.

I solemnly declare and affirm under the penalties of perjury that the information above is true, accurate and complete.

(Owner/Agent Printed Name)

(Owner/Agent Signature)

(Date)

Additional Property Owner / Resident Agent Information

Please indicate: _____ Owner _____ Resident Agent

Name: _____
First M.I. Last

Address: _____
Number Street Apt. #

City or Town County State Zip Code

(H) Phone: _____ (C) Phone: _____ (W) Phone: _____

Please indicate: _____ Owner _____ Resident Agent

Name: _____
First M.I. Last

Address: _____
Number Street Apt. #

City or Town County State Zip Code

(H) Phone: _____ (C) Phone: _____ (W) Phone: _____

Please indicate: _____ Owner _____ Resident Agent

Name: _____
First M.I. Last

Address: _____
Number Street Apt. #

City or Town County State Zip Code

(H) Phone: _____ (C) Phone: _____ (W) Phone: _____