



FORM FOR RENTAL REGISTRATION

Owner Name:
Mailing Address:
City:
State:
Zip:

Please visit <https://www.ci.oshkosh.wi.us/evolvepublic> to create an online registration OR mail the completed form to the City of Oshkosh / Inspection Services Division, 215 Church Avenue, Oshkosh, WI 54901-4747.

Property Address AND Parcel ID for Which Registration is Requested:

Property Address: _____

Parcel ID: _____

Owner or Owner's Agent Contact Information

Name _____

Email Address _____

Address _____

Telephone _____

City/State/Zip _____

Please Check One:

- I am the property owner
 I am the agent of the owner

Please Check One:

- Property is a rental
 Property is not a rental

Signature _____

Date _____

Owner/Agent

City of Oshkosh / Inspection Services Division
215 Church Avenue / P.O. Box 1130
Oshkosh WI 54903-1130