City of Groveland  
Rental Registration Form  
Building Department  

OFFICE PHONE: 352-429-2141 EMAIL: PERMITTING@GROVELAND-FL.GOV FAX: 352-429-3046  

RENAL PROPERTY ADDRESS:  

Primary Tenant Name: ____________________________________  Number of Occupants: _________________  

Date of Occupancy: ________________________________  

Inspection completed before new tenant occupancy?  

Please complete the appropriate information below (please print): (INCOMPLETE FORMS WILL BE RETURNED)  

INDIVIDUAL OWNER  
Owner’s Name: ___________________________________  
E-mail Address: ________________________  Phone: ________________________  
Address: ____________________________________________________________________________  

PARTNERSHIP  
Partnership/Company Name: ____________________________  
List the name, business address and phone number of each partner:  
__________________________________________________________________________________  
__________________________________________________________________________________  
E-mail Address: ________________________  

CORPORATION  
Corporation Name: __________________________________________________________________  
Mailing address: ___________________________________________________________________  
Business location: ___________________________________________________________________  
Local Person in Charge: ______________________________ Phone number: ____________________  
List names of all officers, directors and trustees:  
__________________________________________________________________________________  
__________________________________________________________________________________  
E-mail Address: ________________________  

PROPERTY MANAGER  
Property Management Company: ________________________________________________________  
Address: __________________________________________________________________________  
Agent’s Name: __________________________ Phone Number: ____________________________  
E-mail Address: ________________________  

Signature of Owner/Agent: _______________________________  Date: __________________