

City of Groveland Rental Registration Form

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Building Department

OFFICE PHONE 352-429-2141 E AI PER I ING GRO E AND-F GO FAX 352-429-3046

REN A PROPER ADDRE

Primary Tenant Name: _____
Date of Occupancy: _____ Number of Occupants: _____

Inspection completed before new tenant occupancy?

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