



2017 RENTAL REGISTRATION APPLICATION

Wareham Board of Health
54 Marion Road
Wareham, MA 02571
(508) 291-3100 Ext. 3197

Annual Fee per unit \$100.00
Additional units owned by the same
owner in the same facility \$25.00
(Certificate valid for 1/1/17–12/31/17)

Name of Property _____
Owner(s) _____

Owner's Year Round _____
Mailing Address _____

Town _____ State _____ Zip Code _____

Home Phone _____ Email: _____

Type of Unit: Private Home ____ Cottage ____ Duplex ____ Apartment ____ Condo ____

STREET AND HOUSE NUMBER OF RENTAL PROPERTY

TENANT NAME: _____ PHONE #: _____

THIS APPLICATION MUST BE SUBMITTED TO THE WAREHAM BOARD OF HEALTH WITH THE REQUIRED FEE. THE BOARD OF HEALTH WILL CONTACT YOU TO ARRANGE FOR A CHAPTER II HOUSING INSPECTION.

Property equipped with operating smoke and carbon monoxide detectors? Yes ____ No ____

Is this property rented: Seasonally _____ Year Round _____

Who is responsible for trash disposal at this property? Owner ____ Tenant ____

Disposal Service _____

FAILURE TO REGISTER THIS PROPERTY, OR VIOLATION OF THE REGULATION WILL RESULT IN A FINE OF \$100.00 FOR EACH OFFENSE.

Signature of Owner: _____ Date _____