



OFFICE OF THE TOWN ATTORNEY / RENTAL HOUSING
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Ext 670 Fax (631) 727-0433

RENTAL RENEWAL OCCUPANCY PERMIT APPLICATION

**** MANAGING AND DESIGNATED AGENT INFORMATION MUST BE FILLED IN COMPLETELY BELOW**

1. Property Information:

Rental Property Address: _____

Tax Map #: DISTRICT - 0600 - SECTION- _____ - BLOCK- _____ - LOT- _____

Was the property purchased from the Town of Riverhead, any State or Federal agency, including Housing and Urban Development (HUD), Suffolk County, a School District, a Village or any other governmental agency or municipality?
 _____ If yes, please indicate which agency: _____

2. Owner Information: (set forth the name, address and telephone number of all owners of the rental property)

* Property Owner Name: _____

Property Owner's Legal Address (no P.O. Boxes): _____

Property Owner's current domicile: _____, _____
(street address) Hamlet
 _____, _____, _____
(Township) (County) (State)

Property Owner's Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

* Property Owner Name: _____

Property Owner's Legal Address (no P.O. Boxes): _____

Property Owner's current domicile: _____, _____
(street address) Hamlet
 _____, _____, _____
(Township) (County) (State)

Property Owner's Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

****Managing Agent Information (if no managing agent the owner must fill in his/her name and address below):**

Name of Managing Agent/Operator of dwelling unit, if any: _____

Address of Managing Agent (no P.O. Boxes): _____

Mailing Address of Managing Agent: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

****Designated Agent for Service of Process (if no designated agent for service of process then the owner must fill in his or her name and address below):**

Name: _____

Physical Address (no P.O. Boxes): _____

Mailing Address: _____

Telephone Number Daytime: _____ Evening: _____ Emergency: _____

