



City of Calverton Park

52 Young Drive, CalvertonPark, Missouri 63135
Telephone 314-524-1212 Fax 314-524-2012
Website: www.cityofcalvertonparkmo.com

LOCAL AGENT/LANDLORD LIST OF PROPERTIES

Property Owner(s) Information:

Please Print

Property Owner Name(s):

Business Name:

Mailing Address:

_____		_____	
<i>Street Number</i>		<i>Street Name</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	

Contact Phone Number(s):

Home: (____) _____ - _____

Cell: (____) _____ - _____

Business: (____) _____ - _____

Property Manager(s) Information:

Please Print

Property Manager Name(s):

Mailing Address:

_____		_____	
<i>Street Number</i>		<i>Street Name</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	

Property Manager's Date of Birth _____

Property Manager's Driver License Number _____

Contact Phone Number(s):

Home: (____) _____ - _____

Cell: (____) _____ - _____

Business: (____) _____ - _____

Please check box that applies to you:

- Contact property manager first. If property manager does not reply, then contact landlord.
- Contact landlord first. If landlord does not reply, then contact property manager.
- No property manager listed. Landlord only.



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ADDRESS OF RENTAL PROPERTY(S):

Please list ALL properties individually and use a separate sheet of paper if you should run out of room for listing each individual property.

With signature affixed below, the applicant states that he/she agrees to conduct, maintain, and supervise all rental units so as to not create a nuisance, or permit conduct or activity in the unit or on the premises that endangers the public health or welfare; the applicant has, or will implement policies and procedures reasonably calculated to ensure that no illegal conduct or practice will take place in the rental unit or on its premises; and that the applicant certifies the accuracy of all information contained in the application, and that it does not contain any material or omissions and/or materially false or misleading information.

- **Send a paper copy of the agreement authorizing you as the local agent**

Signature of Applicant _____ Date _____ / _____ / _____

Printed Name _____

****This portion is to be completed by the City Clerk****

Landlord List of Properties Received _____ / _____ / _____

Signature of City Clerk _____ Date _____ / _____ / _____