

Rental Registration Program Application

The undersigned hereby makes application to register rental property in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Sec. 10-568 through 10-572

City:	State:	Zip:
Email:		
City:	State:	Zip:
Email:		
ED FOR ADDITIONA	AL REGISTRATION ADDRESSES	
Date:	Off	fice Use Only
F	Received by (RR01)	
	Email: City: Email: Date: F	Email: City: State: Email: UNIT TYPE-SINGLE OF MULTIFAMILY DWELLIF

City of Leavenworth • 100 N 5 th Street • Leavenworth, Kansas 66048 • leavenworthks.org • 913-364-5840

Date:

Owner or Agent Signature: