Exempt Rental Permit/Registration

Property Owner's Information

Name: _____

Address: _____

City: _____ Zip:_____

Email: _____

Phone: _____

Exempt Property Information

Address: _____

Reason for Exemption:

☐ Family ☐ Trust ☐ Empty

Signature of

Property Owner: _____

Return or mail to:

City of Washington

% Rental Inspections

215 E. Washington St.

Washington, IA 52353