Rental Permit Application
City of North Liberty
P.O. Box 77
Phone (319) 626-5713
Fax (319) 626-5783
www.northlibertyiowa.org
Application Required for Each Parcel

New Application ◯ *Change of Ownership* ◯ *Change of Property Manager or Operator or Agent* ◯

Rental Property Address _____
Number *Street* *Suite/Unit No.*

Applicant is: *Owner* *Manager* *Other(describe)*

Owner Information	**Name** _____ *Last* *First* *MI* **Address** _____ **City** _____ **State** _____ Zip **Code** _____ **Phone** _____ **Fax** _____ **E-Mail** _____
Manager Operator Agent Info.	*(Required if owner resides more than 50 miles from City of North Liberty)* **Company** _____ **Phone** ( ) _____ **Name** _____ *Last* *First* *MI* **Address** _____ *Include physical address* **City** _____ **State** _____ **Zip** _____ **E-Mail** _____
HOA Info.	**Name** _____ **Address** _____ **Phone** _____ **E-Mail** _____