



VILLAGE/TOWN OF MOUNT KISCO

WESTCHESTER COUNTY, NEW YORK

104 Main Street

Mount Kisco, New York 10549

Telephone

(914) 241-0500

LANDLORD REGISTRY FORM

Property Address: \_\_\_\_\_ SBL: \_\_\_\_\_  
Total Number of apartments (including owner's) on this property: \_\_\_\_\_  
Number of rental apartments on this property: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Designee: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_ Owner Mailing Address: \_\_\_\_\_  
If address is a PO Box, please also list the address of where owner lives for legal process service  
\_\_\_\_\_  
\_\_\_\_\_

The name, names, titles, addresses and telephone numbers of any responsible person(s) of the corporation, LLC, partnership or other similar business entity if the ownership is held in a non-individual capacity.  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Person in Charge (must be over 21 years old, residing or doing business in Westchester County) who shall be responsible for the care and management of such property and is authorized by owner to accept legal process on behalf of the owner when the owner resides or has its principal place of business outside Westchester County.  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I certify that all information contained in this statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and shall constitute a violation of this chapter."

Owner Name \_\_\_\_\_ Date \_\_\_\_\_ Designee Name \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Designee Signature \_\_\_\_\_

Sworn to before me:  
\_\_\_\_\_  
Notary Public \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE THIS FORM EXPIRES AT THE END OF EACH CALENDAR YEAR.  
PLEASE NOTE THIS FORM MUST BE FILED ANNUALLY AND/OR WHENEVER OWNER  
AND/OR CONTACT INFORMATION CHANGES.