



City of Columbia

ABSENTEE LANDLORD REGISTRATION

Property Maintenance Division • 1136 Washington Street, Columbia, SC 29201 • 803.545.3430 • Fax: 803.255.8935

Date Received: (OFFICE USE ONLY) _____ By: (OFFICE USE ONLY) _____

RENTAL PROPERTY INFORMATION

Address: _____

Tax Map Reference #: _____ Number of Units: _____

***** Use ONE Absentee Landlord Registration Form for EACH rental property.*****

PRIMARY OWNER INFORMATION

Primary Owner Name: **(PLEASE PRINT)**: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email: _____

***** Add additional owners on back of this sheet. Attach additional sheets as necessary.*****

By signing below, I understand that I must provide written notice of a change in ownership to the Housing Official to be removed from the registration list. Further, I understand that the Housing Official can require a copy of a deed evidencing the change of ownership prior to removing me from the registration list.

Primary Owner Signature _____ Date _____

OR I attest that I, and/or my organization, DO NOT own rental property according to Article VIII, Section 5-325 of the City of Columbia's Code of Ordinances, which defines a residential rental unit as a dwelling unit or residential structure within the City of Columbia containing at least one sleeping unit, which is/are leased or rented from the owner or other person in control of such unit, but not including hotels, motels, dorms, medical or long term care facilities, and bed and breakfast establishment.*

Primary Owner Signature _____ Date _____



*** To ensure you are completely removed from the registration list, please complete the Primary Ownership Information above, and provide a list of residential properties that you or your organization own that do not meet the definition of a residential rental unit.**

ADDITIONAL OWNERSHIP INFORMATION

Owner Name: **(PLEASE PRINT):** _____

Physical Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone Number: _____ Email: _____

ADDITIONAL OWNERSHIP INFORMATION

Owner Name: **(PLEASE PRINT):** _____

Physical Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone Number: _____ Email: _____

ADDITIONAL OWNERSHIP INFORMATION

Owner Name: **(PLEASE PRINT):** _____

Physical Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone Number: _____ Email: _____

ADDITIONAL OWNERSHIP INFORMATION

Owner Name: **(PLEASE PRINT):** _____

Physical Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone Number: _____ Email: _____

ADDITIONAL OWNERSHIP INFORMATION

Owner Name: **(PLEASE PRINT):** _____

Physical Address: _____ City: _____ State: ____ ZIP: _____

Mailing Address: _____ City: _____ State: ____ ZIP: _____

Telephone Number: _____ Email: _____