CITY OF BOULDER
PLANNING AND DEVELOPMENT SERVICES CENTER

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www.boulderplandevelop.net

Change of information or Agent

PLEASE PRINT

_____

Rental Property Address **Street Name** **Apt/Unit #**

PROPERTY OWNER:

_____

First Name **Middle Initial** **Last Name**

_____

Street Address or Post Office Box Number **e-mail address**

_____

City **State** **Zip Code**

_____ _____

Home Telephone Number **Work Telephone Number**

LOCAL AGENT: **A property owner who does not reside in Boulder County shall appoint a person who lives in Boulder County to serve as the local agent of the owner. B.R.C. 1981, Section 10-3-14.**

_____

First Name **Middle Initial** **Last Name**

_____

Street Address or Post Office Box Number **e-mail address**

_____

City **State** **Zip Code**

_____ _____

Home Telephone Number **Work Telephone Number**

Correspondence concerning this property should be sent to: ☐ **Owner** ☐ **Agent**

I, the Owner/Agent for the above property, do hereby affirm that the above information is correct.

_____ _____

Signature **Date**

PROPERTY NUMBER: _____ **(the property # is on the right side of the rental license)**

Revised August, 04 MA