



Annual Registration Fee \$25.00  
To be filed within 60 days of taking title

**LANDLORD REGISTRY FORM**

Property Address: \_\_\_\_\_ SBL: \_\_\_\_\_  
Number of dwelling units on each property: \_\_\_\_\_

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Owner Name: _____	Owner Name: _____
Telephone Number: _____	Telephone Number: _____
Owner Mailing Address: _____	Owner Mailing Address: _____
_____	_____
_____	_____

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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: _____
_____	_____
_____	_____

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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: _____
_____	_____
_____	_____

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“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 return this form to the:

Town of Bedford  
Building Department  
425 Cherry Street  
Bedford Hills, NY 10507  
914-666-8040

Please contact this office to set up an inspection of the building.

**PLEASE NOTE THIS FORM MUST BE UPDATED WHENEVER OWNER  
AND/OR CONTACT INFORMATION CHANGES**

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**This Space for Building Department Use Only**

**Date Application Received:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

**Verification of Certificate of Occupancy Information:** \_\_\_\_\_

**Verification of Information with Assessment Records:** \_\_\_\_\_

**Additional information to be confirmed with property owner:**

**Smoke Detectors: Yes/No** \_\_\_\_\_ **Carbon Monoxide Detectors: Yes/No** \_\_\_\_\_

**Inspection necessary? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Results:** \_\_\_\_\_

\_\_\_\_\_