Village Of Warsaw
15 N. Main St.
Warsaw, NY 14569
Telephone: (585) 786-2120

June 1, 2026

RE: Rental Registry

To Whom It May Concern;

As of April 2nd, 2024 the Village Board adopted Local Law #4 of 2024 entitled "Village of Warsaw Rental Housing Registration Law". The Local Law was adopted for the purpose of; maintaining property values, obtain contact information to help expedite and resolve complaints, public nuisances, property damage and emergencies that may arise more efficiently.

Who needs to register?
Any residential rental building and structures now in existence or hereafter constructed.

This shall not apply to;
Governmental owned facilities, hotels, motels, nursing homes, owner- occupied single-family homes and State-owned facilities

This registration is to be completed annually. Please complete and return (if applicable) by September 1, 2026 with the appropriate fee made out to the Village of Warsaw.

Please contact the office at 585-786-2120 with any questions or concerns.

Sincerely,

Lisa A. Allen
Village Clerk

VILLAGE OF WARSAW

www.villageofwarsaw.org

NON-OWNER OCCUPIED PROPERTY REGISTRATION FORM

(Annual Registration)

IN ACCORDANCE WITH THE CODE OF VILLAGE OF WARSAW

☐ **NEW ~ REGISTRATION FEE:** $10.00 for the 1st property plus $1.00 for each additional property

☐ **RENEWAL ~ REGISTRATION FEE:** $10.00 for the 1st property plus $1.00 for each additional property

PROPERTY OWNER INFORMATION: ***Please call this office with any changes to the contact information***

Name:_____Daytime Phone Number: ( ) _____

Emergency (24 hours) Contact Phone: ( )_____Email: _____

Mailing Address:_____City:_____State:_____Zip: _____

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OWNERS DESIGNEE TO MAINTAIN PROPERTY (IF NOT OWNER):

Company/Property Manager:_____Daytime Phone Number: ( ) _____

Emergency (24 hours) Contact Phone: ( )_____Email: _____

Mailing Address:_____City:_____ State:_____Zip: _____

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MORTGAGEE/LIEN HOLDER INFORMATION:

Contact Name:_____Daytime Phone Number: ( ) _____

Emergency (24 hours) Contact Phone: ( )_____Email: _____

Mailing Address:_____City:_____State:_____Zip: _____

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I, the undersigned hereby affirm that I am duly authorized to act on behalf of all the ownership interests in the above described property(ies); that all information is true and correct.

_____ _____

Applicant's Printed Signature Date

_____

Applicant's Signature

(Please use the back side of the form to enter property(ies)

Revised: 7/18/24

Office: 15 South Main St., Warsaw, NY 14569 TEL:. (585)786-2120

ADDRESS(ES) OF PROPERTY(IES) TO BE REGISTERED:

#1: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#2: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#3: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#4: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#5: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#6: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#7: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No

#8: _____

Occupied: Yes / No **Single-Family:** ☐ **Multi-Family:** ☐ **Mixed-Residential:** ☐
Vacant: Yes / No **Secured:** ☐ **Utilities:** ☐ On ☐ Off
Foreclosure Initiated: Yes / No **Condemned:** Yes / No
No Smoking Policy: Yes / No