



City of Aiken
Rental Property Registration

Neighborhood and Development Services
655 Kershaw Street NE
Post Office Box 1177
Aiken, South Carolina 29802
803-642-7779/ Fax 803-293-2206

NEW REGISTRATION [ ]
Renewal [ ]

Date Recv'd: \_\_\_\_\_

\*Please note: If other than owner, the person listed as the Local Agent will receive all correspondence regarding the Rental Property Registration Program.

Type of Ownership: \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation

Business License #: \_\_\_\_\_

OWNER INFORMATION: If the residential rental property is owned by a corporation or some other business entity, Local Agent information must also be provided on back of this form..

NAME: \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_
If different than Home Address

E-MAIL ADDRESS: \_\_\_\_\_

CO-OWNER(s) INFORMATION:

NAME: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CO-OWNER(s) INFORMATION:

NAME: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Registration certificates are valid through June 30th of each year. Certificates are not transferable. Any person who has acquired ownership of a registered building for the unexpired portion of the one-year term for which it was issued, must complete and submit an application to the City of Aiken within 60 days of the title transfer. Failure to register will result in late fees and a summons to appear in Municipal Court. The person whose signature appears below, affirms that they have the authority to execute this Rental Registration and bind all non-signing co-owners of this property to this information. \* Late renewals will not be processed without payment of applicable fees in the form of certified check, personal check or money order.

I hereby affirm that the information included or attached is true and correct.

Signature of Owner/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

CONTROL # \_\_\_\_\_

Rental Property Address: \_\_\_\_\_  
Street Address - Aiken, South Carolina

How many buildings at this address?: \_\_\_\_\_ How many Units per building?: \_\_\_\_\_

**LOCAL AGENT INFORMATION:** *(If other than Property Owner)* If the owner of the residential rental property resides more than 50 miles from the City Limits of Aiken, a Local Agent must be assigned by the Owner. The Agent must reside within 50 miles of the border of Aiken City limits.

NAME: \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
*If different form Home Address*

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**24-Hour Emergency Contact:** *List the person to be contacted in case of emergency*

NAME: \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

Control# \_\_\_\_\_

Rental Property Address: \_\_\_\_\_  
Street Address - Aiken, South Carolina

How many buildings at this address?: \_\_\_\_\_ How many Units per building?: \_\_\_\_\_

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NAME: \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
*If different from Home Address*

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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NAME: \_\_\_\_\_

CELL #: (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_