



FORM FOR RENTAL REGISTRATION

Owner Name:

Owner Mailing Address:

Please visit <https://www.ci.oshkosh.wi.us/evolvepublic> to create an online registration **OR** mail the completed form to the City of Oshkosh / Inspection Services Division, 215 Church Avenue, Oshkosh, WI 54901-4747.

Property Address AND Parcel ID for Which Registration is Requested:

Owner or Owner's Agent Contact Information

Name _____

Email Address _____

Address _____

Telephone _____

City/State/Zip _____

Please Check One:

- I am the property owner
- I am the agent of the owner
- Property is not a rental

Signature _____

Date _____

Owner/Agent

City of Oshkosh / Inspection Services Division
215 Church Avenue / P.O. Box 1130
Oshkosh WI 54903-1130