

Village of Pulaski
4917 North Jefferson Street
Pulaski, NY 13142
315-509-4301/440-8375/ 298-2622
Code Enforcement Department

Registration Form for Rental Dwelling Units
Local Law #1-2017

Street Address: _____
Tax Identification #: _____

Owner's Information

Name of Owner: _____
Address: _____
Phone #: _____

Owner's Agent or representative

Name: _____
Address: _____
Phone#: _____

Primary Contact

Name: _____
Address: _____
Phone #: _____

Number of Dwelling Units: _____

Number of other types of units and the primary uses: _____

Include a floor plan of the structure and each unit with dimensions

Registration Form for Rental Dwelling Units

Address: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

If more than 4 dwelling units use additional sheets

Registration Form for Rental Dwelling Units

Address: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____

Unit # _____

Total number of rooms: _____

Number of sleeping rooms / bedrooms: _____

Number of Smoke Alarms and location: _____

Number of Carbon Monoxide Alarms and location: _____

Type of heating fuel: _____