



# Rental Housing Application

Albert Lea Fire & Inspection Department  
Albert Lea City Hall • 221 Clark St E • Albert Lea, MN 56007  
Telephone: 507-377-4340 • Fax: 507-377-4362  
www.cityofalbertlea.org

Rental License #:

Property Address:

Name of Property or Complex, if any:

## Property Information

### Type of Rental Property:

- Single Family Dwelling
- Twinhome/Duplex
- Town Home
- Multi-family dwellings:

### Rental Information:

- New License
- Renew License
- Change of Ownership

Total number of buildings: \_\_\_\_\_ Total number of units: \_\_\_\_\_

# of \_\_\_\_\_ Efficiency units

# of \_\_\_\_\_ One-bedroom units

# of \_\_\_\_\_ Two-bedroom units

# of \_\_\_\_\_ Three-bedroom units

# of \_\_\_\_\_ Four-bedroom units

Other (Describe) \_\_\_\_\_

## Owner Information

Company Name:

Name(s):

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact

*If you live more than 60 miles from Albert Lea you must designate a local agent*

Agent is: Owner      Manager      (Circle One)

Agent:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(24 hour contact)

**Notice to Applicants:**

- The Inspection Department must be notified in writing prior to any transfer of legal control. Please include the purchaser's name, address, telephone number and agent. The transferee must make an application to the City within 30 days of the transfer. Failure to complete application will result in the automatic forfeiture of the license.
- Every current license must be conspicuously posted on or near the electrical panel or other approved location. Every license holder or their agent shall provide a copy of the current license to any tenant or prospective tenant.
- Copies of the Chapter 26 Housing Code, Rental Housing Licensing, and Public Nuisances are available from the City and are posted on the City website at [www.city.albertlea.org](http://www.city.albertlea.org). Owners, agents and managers should be familiar with these provisions.

**Property Inspections:**

To schedule inspections or to obtain further information please contact the Inspection Department at 507-377-4340.

**Applicant's Affidavit**

- I understand that I will operate and maintain the subject premises identified herein according to the City of Albert Lea's code of ordinances Chapters 26 and 28 and the laws of the State of Minnesota. Agreement to allow inspection Article II Sec. 26.026 and Article II Sec. 26.076.
- I certify that there are no delinquent property taxes for this dwelling unit.
- I certify that there are no delinquent utility bills for this dwelling unit.
- Furthermore, I certify that I am the owner or authorized agent and that the answers contained herein are true and accurate in all respects to the best of my knowledge and belief.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

City of Albert Lea Fire & Inspection Department

Inspection Date(s): \_\_\_\_\_ Inspector: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Compliance Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Fee: \_\_\_\_\_