



**TOWN OF CHEEKTOWAGA
LANDLORD RENTAL AND PROPERTY OWNER REGISTRATION
LOCAL LAW, CHAPTER 194**

Date: _____

Full Name of Applicant: _____

Property Address to be Registered: _____

Dear Property Owner:

Effective January 1, 2019, a Local Law for Landlord Rental and Property Owner Registration went into effect in the Town of Cheektowaga. The purpose of this Ordinance is to establish a procedure and standards for the identification and registration of owners of **RENTAL or NON-OWNER OCCUPIED** properties and to ensure that the Town has an efficient and effective means of communicating with those owners. This chapter was adopted to protect the public health and safety of tenants and alleviate conditions of substandard housing, including slums and blight.

All owners of **RENTAL or NON-OWNER OCCUPIED** property within the Town of Cheektowaga, not including the Villages of Sloan or Depew, are **required** to register and re-register their properties with the Town every two (2) years, whether the building is occupied or vacant. The registration is non-transferable; and a Registration Statement must be completed for **each parcel owned** within 30 days of the purchase of said property. The registration fee is \$20.00 per parcel, every two years.

Attached is the Registration Statement to be completed and submitted by mail with the Registration Fee of \$20 (payable to Town of Cheektowaga).

**Town of Cheektowaga
Office of Landlord and Property Registration
3301 Broadway Street, Room 208
Cheektowaga, NY 14227**

Failure to register any **RENTAL or NON-OWNER OCCUPIED** property is a violation of Section 194-6 of the Local Law and may subject you to a fine in an amount to be determined by how much time elapses following each 30-day grace period. The full details of Local Law 194 can found under <https://ecode360.com/27306966>

Additional questions regarding Chapter 194 or the Registration Statement can be submitted to landlord@tocny.org or by calling (716)686-3446.

Town of Cheektowaga
Town Board

Landlord Rental and Property Owner Registration Statement

3301 Broadway Street, Room 208, Cheektowaga, NY 14227
Phone: 716-686-3446, Email: landlord@tocny.org

Property Address to be Registered: _____

Type of Rental Unit (ex: Two Family): _____

The address above is my PRIMARY RESIDENCE, it is NOT RENTED (Please complete the Owner Information, sign and return)

Owner Information: Individual Owner if LLC, place LLC name here and you as Corp. Officer

First Name: _____ **Last Name:** _____

Cell Phone: _____ **E-mail Address:** _____

Alt. Phone: _____ **Home Address:** _____

City: _____ **State:** _____

Zip: _____

Use this address for all notices and invoices for fees

Co-Owner Information:

First Name: _____ **Last Name:** _____

Cell Phone: _____ **E-mail Address:** _____

Alt. Phone: _____ **Home Address:** _____

City: _____ **State:** _____

Zip: _____

Use this address for all notices and invoices for fees

Corporation Officer:

Business or Corporation Name:

First Name: _____ **Last Name:** _____

Cell Phone: _____ **E-mail Address:** _____

Alt. Phone: _____ **Home Address:** _____

City: _____ **State:** _____

Zip: _____

Use this address for all notices and invoices for fees

Property Manager / Agent Information: (MUST be completed if the owner resides outside of Erie County)

Property Manager/Agent: _____

Cell Phone: _____ **E-mail Address:** _____

Alt. Phone: _____ **Business Address:** _____

City: _____ **State:** _____

Zip: _____

Use this address for all notices and invoices for fees

IF THE PROPERTY IS VACANT, please help us better understand why it is vacant.

REASON FOR VACANCY:

- CURRENTLY BETWEEN TENANTS
- CURRENTLY BEING REHABILITATED; Approximate date of completion
- DEATH OF OWNER, currently in surrogate court
- BANK FORECLOSURE IN PROCESS (Name of bank completing paperwork): _____
- PROPERTY IS ON THE MARKET FOR SALE, Approximate date of listing: _____
- Other: _____

Notes or any additional comments you may want to share:

Signature of Applicant: _____ **Date:** _____

Enclosed Check No. _____