



2021 RENTAL REGISTRY CHECKLIST
Town of Delmar, Delaware Ordinance 46
A complete checklist is required for each Delaware rental unit.

Rental Unit Address: _____

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____

Email: _____

Property Management Organization (if applicable) _____

Tenant's Name: _____

Phone Number: _____

Number of people living in dwelling : _____

Year of Construction: _____

Number of smoke detectors currently installed: _____

Type of smoke detectors currently installed (circle one): Battery-Powered Hard-Wired, A/C Powered

Photo of Smoke Detector provided? Yes No

I SOLEMNLY DECLARE AND AFFIRM under the penalties of perjury that the information above is true, accurate and complete.

(Owner or Property Management Agent's Signature)

(Date)

Print Name: _____