Registration Supplemental: Multiple Properties in the same Ownership

*Will accept spreadsheet emailed to rentalregistration@cityofrockhill.com
if required information is included*

*OWNER: _____

*BUSINESS ENTITY: _____

*RESPONSIBLE AGENT: _____

PLEASE LIST EACH ADDRESS YOU ARE REGISTERING				
PROPERTY PHYSICAL ADDRESS	Type of Unit Single Family, Duplex, Townhome, Condo, Apartment	Year Built	Name of complex if apartments	Tax Map ID

Submit to City of Rock Hill, Neighborhood Services