



Registration No. _____

**CITY OF BYRAM
ANNUAL RESIDENTIAL RENTAL PROPERTY
REGISTRATION FORM**

Post Office Box 720222
Byram, Mississippi 39272
Phone: 601-372-7791 Fax: 601-372-0191
emunden@byram-ms.us

Owners Contact Information: Check here if contact information has changed.

Owner's Name: _____

Mailing Address: _____

Street Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Local Agent Information: If the Owner does not reside within 60 miles of the rental unit OR is not able to be contacted on a 24-hour basis, the Owner must provide information for a Local Agent who resides in Hinds County or an adjoining County AND is able to respond reasonably in the event of an emergency on a 24-hour basis.

Check here is information has changed.

Local Agent Information Name: _____

Mailing Address: _____

Street Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Fee Schedule:

Number of Units: _____ @ \$25.00 each Total Due: \$ _____

Unit Type (circle all that apply)

Single Family Duplex Three-plex Four-plex Multit-Family

