



**City of Cudahy  
Property Owner/Operator Registration**

In accordance with City of Cudahy Municipal Code Section 6-126, property owners shall file owner contact information and/or appoint a local contact. The ordinance shall not apply to owner-occupied one- and two-family buildings where the ownership is recorded with the Milwaukee County Register of Deeds, owner-occupied condominium units, jails, convents, monasteries, parish rectories, parsonages or similar facilities, hospitals and residential facilities licensed by the City of Cudahy for the State of Wisconsin or government owned buildings.

**Section I – Property Description**

**Parcel Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Type Class:** \_\_\_\_\_

**Description:** \_\_\_\_\_

Please check box as applicable  
 Owner  
 Owner’s Representative

**Section II – Property Owner Information**

**Required Information:** List the mailing address for contacting the property owner. A street address is required.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Section III – Property Operator Information**

The Operator below is appointed by the property owner to accept official communications from the City regarding property related matters. Operator information shall list a street address and a valid phone number. The appointed operator shall reside in one of the seven counties of Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington or Waukesha. The operator may be the property owner, subject to county residency requirements. (Please print clearly)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Section IV – Signature & Notary**

The following named owner or owner’s representative states that the information submitted is true and accurate to the best of his or her knowledge. (Falsification of information may result in the enforcement of penalties upon the property as prescribed in Cudahy Municipal Code Section 1-15).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

**Section V – Payment Information**

Registration Fee	\$10 per building	\$10
Total		\$10