

NEIGHBORHOOD SERVICES & TRANSIT DEPARTMENT
10 First Street Northwest
Mason City, IA 50401
641-421-3380 FAX: 641-421-3623
www.masoncity.net

## **Statement of Property Status by Owner**

## PLEASE PRINT

DATE:		
TELEPHONE:		
PROPERTY ADDRESS: _		
specifically otherwise rapartment, rooming un	noted therein, a rental dwelling shall i	the Mason City Housing Code, except as nclude any dwelling, dwelling unit, duplex, ny person but not by any record-titleholder
of the property.		
I property.	certify that the above re	eferenced property is <b>NOT</b> a rental
☐ Property is used as a	a primary residence	
☐ Property is my secon	nd home and it is not being rented whe	en it is vacant
☐ Property is being ren	modeled and will be sold	
□ Other		
Signature		 Date
<u>Ple</u>	ase return completed form to th	e City of Mason City
	Office Use Only	
Received:	Entered:	Approved: