CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
HOUSING INSPECTION SERVICES DIVISION
4001 West River Parkway NW Ste. 100 Rochester, MN 55901
Phone: 507-328-2600
Office Hours: Monday – Friday 8 am – 5 pm
rbsrental@rochestermn.gov
www.rochestermn.gov/BuildingSafety
www.rochestermn.gov/CitizenAccess

FIRST CLASS CITY FIRST CLASS SERVICE

REQUEST FOR A CHANGE OF MANAGEMENT COMPANY

This form is designed to help you request a change of management of your rental property. It outlines the information that is required to update your Housing Rental file so that all correspondence is sent to the proper addresses and correctly reflects the ownership and management of your rental property. You may use this form or provide your own letter incorporating the same information. The following information should be included:

Rental Property Address:

Owner Name(s) _____ _____ _____
LAST FIRST MIDDLE

_____ _____ _____
LAST FIRST MIDDLE

Owner Address _____
STREET CITY STATE ZIP CODE

Date of Birth _____ **Phone No.** _____ **Email** _____

Building Manager _____ **Phone No.** _____

Owner of rental property _____
Address _____
City/State/Zip _____
Contact phone number _____
Contact e-mail address _____

Manager of rental property _____
Address _____
City/State/Zip _____
Contact phone number _____
Contact e-mail address _____

It is recommended that this information be supplied within 30 days of receiving this request letter.

_____ _____
Signature **Date**

You may return this form to the street or email addresses above.

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