



FIRST CLASS CITY FIRST
CLASS SERVICE

ROCHESTER

— Minnesota —

BUILDING SAFETY DEPARTMENT
HOUSING INSPECTION SERVICES DIVISION
2122 Campus Drive SE Suite 300 Rochester, MN 55904
Phone: 507-328-2600 Fax: 507-328-2601
Office Hours: Monday – Friday 8 am – 5 pm
bsrental@rochestermn.gov
www.rochestermn.gov/BuildingSafety
<https://aca.rochestermn.gov/CitizenAccess/>

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
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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 mail, fax or deliver your request.