City of Hesperia

Gateway to the High Desert

RENTAL HOUSING BUSINESS LICENSE AND INSPECTION PROGRAM

LOCAL AGENT AUTHORIZATION FORM

RENTAL PROPERTY INFORMATION

Rental Property Owner Name: _____

Rental Property Street Address: _____

Number of Units: _____

LOCAL AGENT INFORMATION *(may be property management company, or other individual authorized by owner)*

Full Name and/ or Property Management Company: _____

Relationship to Owner *(e.g., property manager, tenant, or other*): _____

Phone: _____ Cell: _____

Mailing Address: _____City: _____State: _____

Zip Code: _____ Email: _____

I declare that I am the property owner of the rental property listed above and I give full authorization to the local agent to complete the Rental Housing Business License and Inspection applications for renewals and self-certification on my behalf. I also authorize the local agent to complete the Self-Certification Interior/Exterior Inspections for each rental property unit. I understand that as the property owner, I am fully responsible ensuring compliance with all Rental Housing Business License and Inspection Program components.

_____ _____

Signature of Property Owner Date