



**City of Arlington
Code Compliance Division**

**Duplex Registration Form
(For non owner-occupied two-family residence)**

Address of Duplex: _____

Total number of units at this location: _____

Name of Property Owner(s): _____

Physical address of Property Owner(s): _____
(Must be different than address listed above)

Mailing address of Property Owner(s): _____

City, State _____

Zip Code _____

Emergency contact number: _____

Email Address: _____

Date: _____