

TENEMENT HOUSE REGISTRATION

DEPARTMENT OF HEALTH



CITY OF NORWALK, CONN.

This is to Certify that the Building listed below has been registered as a Tenement House in accordance with Chapter 105, Section 2 of the City Code.

Address of Building _____

Name and Address of Owner _____

Email Address _____

Phone and Fax Number _____

Name and Address of Agent (If any) _____

Phone Number _____

Number of Apartments in Building _____ Fee Received _____ for 1 year

Signature of Owner of Agent _____ by _____

Expires November 30, _____ for Timothy J. Callahan MPH, R.S.

(Non-Transferable)

Director of Health

White - Landlord's Copy

Yellow - Record's Copy

Pink - Housing File Copy