

MULTI-FAMILY PROFILE UPDATE FORM

Department of Housing and Community Affairs, Licensing and Registration
100 Maryland Avenue, 4th Floor, Rockville, Maryland 20850
240-777-3666 FAX 240-777-3699

Community Name:
License#:

Date:

Thank you for your assistance in confirming/correcting current license information.

Number of Residential Rental Units:	
Emergency Phone#:	
Ownership Type: (select only one)	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Trust
Owner Name:	
Primary Contact Information: (sole proprietor, corporation, partnership*, LLC* or Trust should be listed here) *Provide all partners/members holding 10% or more interest on a separate sheet of paper.	
First Name/Last Name _____	
Address _____ _____	
Day Phone _____ Cell Phone _____ Fax _____	
Email _____	
Administrative Agent: (contact for business purposes, such as annual license renewal)	
Company Name _____	
Contact Name _____	
Address _____ _____	
Day Phone _____ Cell Phone _____ Fax _____	
Email _____	
Management: (day-to-day management of rental facility)	
Company Name _____	
Contact Name _____	
Address _____ _____	
Day Phone _____ Cell Phone _____ Fax _____	
Email _____	
Resident/Legal Agent: (to receive legal service of process on behalf of owner. Must be an individual; within State of Maryland)	
First Name/Last Name _____	
Address _____ _____	
Day Phone _____ Cell Phone _____ Fax _____	
Email _____	

Signature of Primary Contact

Primary Contact Name

Primary Contact Signature

Date