

**ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH  
RENTAL REGISTRY CHECKLIST**

**A separate checklist, spreadsheet or other list detailing answers to each question must be completed for each unit in a multiple family dwelling.**

1. Property Owner's Name \_\_\_\_\_  
Property Owner's Address \_\_\_\_\_  
\_\_\_\_\_
2. Rental Property Address \_\_\_\_\_  
\_\_\_\_\_
3. Is the residential property an affected property? An affected property is a residential rental property built before 1950 that has not been certified as lead free and is not a hotel, motel or rooming house.
- YES                      NO**

**IF THE ANSWER TO #3 IS "NO," give reason (e.g., post-1949; certified lead free and has valid certificate; hotel, motel or rooming house). Lead Free Inspection Certificate number(s) must be supplied for lead free properties.**

\_\_\_\_\_  
\_\_\_\_\_

**IF THE ANSWER TO #3 IS "NO," complete no more questions and sign at the bottom of this form.**

**IF THE ANSWER TO #3 IS "YES," complete # 4-8.**

4. Is the property registered with the Maryland Department of the Environment?
- YES                      NO**
5. Is the property registration renewal current for this year?
- YES                      NO**
6. Provide the tracking number (formerly referred to as the owner registration number). \_\_\_\_\_
7. Did the current tenant(s) move into the property on or after February 24, 1996?
- YES                      NO**
8. If the answer to # 7 is "Yes," provide the Lead Inspection Certification number(s) for the current tenancy as required under §6-815 (c) of the Environment Article. \_\_\_\_\_

**Note: After February 24, 2006, all affected properties must have a Lead Inspection Certificate for each rental unit.**

**I hereby certify under the penalties of perjury that the above information is true and accurate.**

\_\_\_\_\_  
Owner's Signature/Date

\_\_\_\_\_  
Printed Name/Title