

**City of Wausau  
Rental Dwelling Unit Registration**



**This form must be filled out for each rental address:**

Dwelling Unit(s) Address \_\_\_\_\_

Number of dwelling units at this address \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Contact \_\_\_\_\_ Email Address \_\_\_\_\_

Address of Owner\*: Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

*\*A post office box address may not be used, except in conjunction with the actual street address*

If the owner is not a resident of Marathon County the following must also be filled out and signed by **both** the owner and his/her registered agent:

I, \_\_\_\_\_, own the residential rental property located at \_\_\_\_\_ located in the City of Wausau, and have appointed \_\_\_\_\_ who resides at/owns a business at:

Address \_\_\_\_\_

Municipality/Zip \_\_\_\_\_, within the County of Marathon, State of Wisconsin, as my local agent to receive service of process when necessary.

By signing this statement he/she is accepting the appointment.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Agent's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

Agent's Phone Number(s) \_\_\_\_\_

Agent's Email Address \_\_\_\_\_

**Please return this form to:** City of Wausau Inspections Department  
407 Grant Street  
Wausau, WI 54403

**Or by email or fax to:** [inspections@ci.wausau.wi.us](mailto:inspections@ci.wausau.wi.us); fax 715.261.4102

***If you have any questions regarding this form, please contact the  
Department of Inspection and Zoning at 715.261.6780.***