

**DEAR PROPERTY OWNER:** Please complete this form in ink. Please print. Failure to complete all parts of this form or to have form notarized may result in the form being deemed INVALID. Please return the form to the Code Enforcement Office, 258 Main Street, Oneonta, NY 13820.

**LANDLORD/OWNER LOCAL AGENT DESIGNATION**

**PROPERTY ADDRESS:** \_\_\_\_\_  
(Only one property per form.)

You must appoint a local agent because your home address zip code is not 12116, 12155, 13348, 13415, 13747, 13750, 13751, 13753, 13757, 13775, 13776, 13796, 13806, 13807, 13808, 13810, 13820, 13825, 13834, 13846, 13859, 13860, 13861. The home address zip code of your local agent must be a zip code listed above. Local agents must be re-designated at least once every 12 months.

I, \_\_\_\_\_ (print Owner's name), as Owner and Landlord of the above referenced property located in the City of Oneonta, hereby designate \_\_\_\_\_ (print Agent's name), as my Agent for this property and grant him/her the authority to deal with the City of Oneonta, and its employees, regarding all matters arising out of my ownership of said property. I further designate this Agent as my Agent for the service of process in any proceeding relating to this property. This designation by me shall continue until such time as a new Agent for service is named. Such new designation shall be made upon the filing of a new "Landlord/Local Agent Designation" form with the Code Enforcement Office. Code of the City of Oneonta New York Section 71-6.C. Annual registration. Each establishment shall be reregistered annually with the Code Enforcement Office. I understand that service of process upon this Agent shall be the same as personal service upon myself and I have made arrangements with my Agent to ensure that I will be notified of any proceeding against this property for violations at the premises referred to above.

**PART I**

**AGENT:**

Name: \_\_\_\_\_

Corporate Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_  
If Applicable  
Street

Day Phone: \_\_\_\_\_  
City State Zip  
Area Code Extension

Evening Phone: \_\_\_\_\_  
Area Code Extension

Email Address: \_\_\_\_\_

**PART II**

I, the Owner \_\_\_\_\_ indicated above  
(print)

I, the Agent \_\_\_\_\_ indicated above  
(print)

OWNER SIGNATURE \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_

Sworn to before me this date \_\_\_\_\_  
Notary Public—State Of \_\_\_\_\_

Sworn to before me this date \_\_\_\_\_  
Notary Public—State Of \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_