Bismarck Police Department
700 South 9th Street
Safe Rental Housing Program
Request for Notification

COMPLETE and fax to: Sgt. Mark Buschena 355-1925

Property Management Company Name:

_____

Property Manager's Name: _____

Mailing Address: _____

Fax Number: _____ **Work Phone:** _____

Cell Phone: _____ **Home Phone:** _____

Email: _____ **Number of Units:** _____

Address(es) of Property: (attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____