



LOCAL AGENT REMOVAL REQUEST FORM

(Please print legibly or type)

You are required to submit this form ***within 7 business days if: (please select one)***

- You are no longer serving as the designated agent for a property located in the City of Aurora
- You are the owner and would like to remove a designated agent from a property in the City of Aurora

Address of Rental Property(s):

Designated Agent to be removed: _____

Legal Owner(s) Name: _____

If property is held in Trust, attach names of all beneficial interest holders pursuant to requirements of State Statutes.

New Agent Name: _____

Mailing Address (***P.O. Box is not acceptable***)

Daytime Phone: _____ Email Address: _____

****The following information is to be completed by the person completing this form.****

Name: _____

Address: _____

Home/Business Phone: _____ Cell Phone: _____

I, the undersigned, hereby certify that:

- 1. The information submitted in this application is an accurate representation of the facts on the date of the application.**

Owner Signature: _____

Date: ____/____/____

Agent Signature: _____

Date: ____/____/____