



CITY OF COPENHAGEN
CPR REGISTRATION

Housing confirmation

To be completed and signed by landlord:

Owner

Shareholder of co-op

Tenant
Housing
association

Tenant
Private housing

Full name _____

I hereby confirm that the following people:

Full name _____

Full name _____

Full name _____

Full name _____

live(s) and can be registered at my residence

from dd/mm/yyyy _____

to dd/mm/yyyy _____

Address:

Street _____ No. ____ Floor ____ Door ____

Zip Code _____ City _____ Municipality _____

Date and signature

Phone number

In accordance with the CPR-Law §57 section 1, subsection 5, you are legally bound to provide correct information about the occupants at your residency. Providing incorrect or false information will make you liable for a fine.