

Supervisor: 989-684-8931
Clerk: 989-684-8041
Treasurer: 989-684-8531
Fire Dept. 989-684-8504



Assessor: 989-684-7100
Inspection: 989-684-5427
Enforcement: 989-684-9700
Fax: 989-684-5644

**BUSINESS
APPLICATION FOR RENTAL DWELLING REGISTRATION**

1. Rental Address: _____
2. Number of Units: _____ Number of Off-Street Parking Spaces Provided: _____
3. Registration Update New Registration
4. Business Structure: Corporation LLC Partnership Other (please specify): _____

Name of Property Owner: _____
Corporate Officer/Managing Partner: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Business: _____ Cell: _____
Email Address: _____
Identification of Corporate Officer/Managing Partner:
Driver's License Number: _____ Date of Birth: _____

PROPERTY MANAGER IS REQUIRED IF OWNER LIVES OVER 50 MILES FROM RENTAL
Name of Property Manager: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: Home/Business: _____ Cell: _____
Email Address: _____
Driver's License Number: _____ Date of Birth: _____

I hereby certify that I am the owner for the above rental property. Application is hereby made for Rental Dwelling Registration. I understand that the Township's Property Maintenance Code, Ordinance #252, as amended, requires periodic inspection of rental properties and the payment of inspection fees.

Signed: _____ Date: _____

Note:

- **RENTAL DWELLINGS MUST BE IN COMPLIANCE WITH THE PROPERTY MAINTENANCE CODE.**
- **ALL INFORMATION REQUESTED ABOVE IS REQUIRED TO BE PROVIDED PRIOR TO APPROVAL OF APPLICATION.**

Approval by: _____ Date: _____