



CITY OF MUSKEGON

933 Terrace St., Room 201
Muskegon, MI 49440 (231) 724-6766 - FAX (231)728-4371

(RENTAL) DWELLING REGISTRATION

RENTAL REGISTRATION FORM AND ALL INFORMATION IS REQUIRED ANNUALLY - BASED ON CERTIFICATE EXPIRATION MONTH

RENTAL PROPERTY ADDRESS * _____

NUMBER OF DWELLING UNITS * _____ # OF BEDROOMS _____

NOTE: Rental Dwelling is defined by our ordinance as any dwelling unit which is not occupied by the owner.

Property Owners Name: * _____
(If Corporation or Joint Ownership, give name of principal officer or Resident Agent on reverse side)

Owners address: * _____
* _____

Telephone: * _____ Cell phone: _____ Fax _____

Email Address: _____

Drivers License Number: * _____ State: * _____ Date of Birth: * _____

DRIVERS LICENSE SHOULD BE FOR SIGNER OR NOTE IF OTHER

SIGNED * _____ **DATE:** _____

I hereby certify that I am the owner, or land contract purchaser for the above rental or non-owner occupied property location. Application is hereby made for Rental Dwelling Registration. Chapter 10 of the Muskegon Code of Ordinances requires periodic inspection of rental properties and payment of all fees.

Sec. 10-351 (f) Dwelling Fire Insurance – “the city shall require dwelling fire insurance for all property owners who let for occupancy premises in the city”(1) Minimum coverage; use of insurance proceeds. All property owners owning property in the city shall be required to obtain a minimum of \$10,000 in dwelling fire insurance. (2) Property owners to provide city with insurance information. Effective 1/29/15

Insurance Company Name*: _____

Policy Number*: _____ Exp. Date*: _____

*** INDICATES REQUIRED FIELDS**

NOTE: Pursuant to Section 10-351(a) of the city’s property maintenance code, “any owner who does not reside within thirty (30) miles of the city shall designate a responsible local agent who shall be legally responsible for operating such dwelling in compliance with the law, including this code”.

Responsible Party: _____
(If Corporation or Joint Ownership, give name of principal officer or Resident Agent on reverse side)

Address: _____

Telephone: _____ Cell phone: _____ Fax: _____

Email Address: _____

Drivers License Number: _____ State: _____ Date of Birth: _____

Responsible Parties Signature: _____ Date: _____

(SEE INVOICE FOR AMOUNT DUE – CHECKS PAYABLE TO: CITY OF MUSKEGON)

