MUSKEGON SAF

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 ADDRES			
UMBER OF DWELLING UNIT	S *	# OF BE	DROOMS
NOTE: Rental Dwelling is defined by o	our ordinance as any	dwelling unit w	rhich is not occupied by the owner.
Property Owners Name: *			
(If Corporation of	r Joint Ownership, give n	ame of principal offi	icer or Resident Agent on reverse side)
Owners address: *			
*			
Telephone: *			
Telephone.	_cen phone		
Email Address:			
Drivers License Number: *		State:*	Date of Birth: *
DRIVERS LICENSE SHOULD BE FOR SIGNER OR NO	OTE IF OTHER		
SIGNED *		DATE:	
I hereby certify that I am the owner, or land contract pure Dwelling Registration. Chapter 10 of the Muskegon Code			
Effective 1/29/15 Insurance Company Name*:			
Policy Number*:]	Exp. Date*:	
	* INDICATES RE		
NOTE: Pursuant to Section 10-351(a) of the miles of the city shall designate a responsible		be legally responsi	
Responsible Party:			
(If Corporation or Joint Ownership, give nan	me of principal officer or F	Resident Agent on re	everse side)
Address:			
Telephone:	Cell phone:	Fax	x:
Email Address:			
Drivers License Number:			
Responsible Parties Signature:			Date:

PROPERTY OWNER INFORMATION (Corporate Information) (If Corporation or Joint Ownership give name of principal officer or Resident Agent)

Property Owners Name:			
Owners address:			
Telephone:	Cell phone:		Fax:
Email Address:			
Drivers License Number:		State:	Date of Birth:
LOCAL AGENT INFORMATION (If Corporation or Joint Ownership		er or Resident	Agent)
Local Agents Name:			
Local Agents address:			
Telephone:			Fax:
Email Address:			
			Date of Birth:
Monthly Late Fee (after 30 days) For Non-	Payment Of Rental Registration Ann	iual Fee	
	CALL 231-724-6766 FOR	INFORMATI	ION
	MasterCard VISA	DISCOV	ER'
CARD HOLDER NAME: CREDIT CARD #			
EXP DATE	7	CVV#	