



SAFEbuilt CITY OF MUSKEGON
933 Terrace St., Room 206, Muskegon, MI 49440

APPLICATION FOR 2014
RENTAL REGISTRATION

RENTAL PROPERTY ADDRESS * _____

NUMBER OF DWELLING UNITS * _____

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: * _____

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.

SIGNED * _____ **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".

Local Agents Name: _____

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

Local Agents address: _____

Telephone: _____ Cell phone: _____ Fax: _____

Email Address: _____

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

Local Agent's Signature: _____ **Date:** _____

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

DATE PAID _____ CC STATUS _____

CHECK # _____ AMT. \$ _____

CASH \$ _____ CC \$ _____

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 (Corporate Information)

(If Corporation or Joint Ownership give name of principal officer or Resident Agent)

Local Agents Name: _____

Local Agents address: _____

Telephone: _____ Cell phone: _____ Fax: _____

Email Address: _____

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

**FOR ANNUAL RENTAL REGISTRATION FEES –
CALL 231-724-6766**