



CITY OF MOUNT CLEMENS

One Crocker Boulevard
Mount Clemens, Michigan 48043

RENTAL PROPERTY REGISTRATION

DATE ___/___/___

RENTAL PROPERTY ADDRESS:
PROPERTY ID:

NUMBER OF BUILDINGS: _____ TOTAL UNITS: _____ RENTAL UNITS: _____

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

OWNER INFORMATION (P.O. BOX IS NOT ALLOWED UNDER RENTAL ORDINANCE)

*NAME: _____ *HOME TELEPHONE #: _____

*ADDRESS: _____ OTHER TELEPHONE #: _____ - _____

*CITY: _____ FAX #: _____ - _____

*STATE: _____ *ZIP CODE: _____ - _____

*DATE OF BIRTH: ___/___/___ *DRIVER'S LICENSE _____

REGISTERED AGENT INFORMATION (If applicable)

NAME: _____ TELEPHONE #: _____ - _____

ADDRESS: _____ FAX #: _____ - _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNED AUTHORIZATION SUBMITTED TO CITY ___ YES ___ NO (if no, submit authorization) If a change in registered agent occurs, please notify this office in writing.

I affirm under the penalty of perjury that the information contained in this registration is correct.

Signature of owner or registered agent _____

* Required fields. Registration will be deemed incomplete if all required information is not included and may be subject to late fees.