



BUILDING DEPARTMENT

One South Huron Street, Ypsilanti, MI 48197
Phone (734) 482-1025 Fax (734) 483-7444
www.cityofypsilanti.com

Property Registration Form

Residential Rental Vacant Property/Dangerous Building

Property Address: _____ Single Family: _____ Duplex: _____
Multiple Dwelling (3 or more units): _____ Number of Apartments: _____ Rooming House: _____
Number of Sleeping Rooms (if rooming house): _____ Condominium: _____ Vacant Land: _____

Please Print Clearly

Owner Information

Property Owner's Name: _____ D.O.B.: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Optional Contact Numbers: Mobile: _____ Fax: _____ Bus.: _____
Driver's License Number: _____ Gender: _____
Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Email Address (if desired): _____

Property Owner Signature (required)

Date

Agent/Representative Information (owner's signature required above)

Property Agent's Name: _____ D.O.B.: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Optional Contact Numbers: Mobile: _____ Fax: _____ Bus.: _____
Driver's License Number: _____ Gender: _____
Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Email Address (if desired): _____

Agent/Representative Signature

Date

Pursuant to Chapter 18 of the Ypsilanti City Code, one individual must claim responsibility of the above property by signing and completing this form as the registered owner or agent. If the agent /representative is someone other than the owner, the owner must also sign this form. The above personal information is required and must be completed before a certificate of compliance can be issued. The information on this form will be kept confidential to the degree allowed by the Freedom of Information Act.

***** Office use only *****

Received by: _____ Date received: _____

Date scheduled: _____ Cert.#: _____ Expiration: _____