

**RENTAL REGISTRATION FORM
CITY OF DEARBORN HEIGHTS
DEPARTMENT OF BUILDING AND ENGINEERING
6045 FENTON
DEARBORN HEIGHTS, MI 48127
313-791-3470 FAX 313-791-3471**

*******EFFECTIVE 06-1-12*******

**RENTAL REGISTRATION FEE: \$50.00 EACH (ONE TIME FEE ONLY)
RENTAL INSPECTION FEE: \$200.00 (EVERY TIME YOU CHANGE TENANTS)
COPY OF OWNERS DRIVERS LICENSE TO BE TURNED IN WITH THIS FORM**

ADDRESS OF RENTAL PROPERTY _____

OWNERS NAME _____

**OWNERS HOME ADDRESS _____
_____**

**CITY _____ STATE _____
ZIP _____ PHONE # _____**

DATE OF BIRTH _____ DRIVERS LIC. # _____

I, OWNER OF THE ABOVE PROPERTY, AUTHORIZE THE CITY OF DEARBORN HEIGHTS TO PERFORM AN INTERIOR AND EXTERIOR INSPECTION OF THE PROPERTY. I FURTHER UNDERSTAND I WILL HAVE (30) DAYS TO COMPLETE MY INSPECTIONS IF MY PROPERTY IS ALREADY OCCUPIED WITH A TENANT. I FURTHER UNDERSTAND THAT WHEN THIS TENANT MOVES OUT, I WILL REFILE FOR A NEW INSPECTION.

**(SIGNATURE OF OWNER)
(DATE)**

TENANT NAME _____

FOR OFFICE USE ONLY:

RECEIPT # _____ REGISTRATION \$ _____
INSPECTION \$ _____

DATE OF INSPECTION _____
A.M. OR P.M. _____