



Rental Property Registration Form

Date: _____

Location of Dwelling: _____ Number of Occupants: _____
 Present Tenant's Name: _____ Lease Term/Duration: _____

OWNER:

DESIGNATED AGENT: (If Different)

Name: _____
 Address: _____
 City/State: _____

Name: _____
 Address: _____
 City/State: _____

List below the Names, Addresses, and Telephone Numbers, of any/all partners, or corporate officers having interest as property owners:

List the Name and address of the persons responsible for the maintenance of this property, if other then the property owner.

REGISTRATION FEE

Single Family Dwelling \$50.00 Multiple Family Dwelling \$50.00 Rooming house/sleeping rooms \$50.00
 (Fees are per rental unit within the rental property)

Classification:

Dwelling Class:

Make a check mark in the space provided to indicate which one applies to this rental property

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Single Family Dwelling | Indicate the number of units within this dwelling |
| <input type="checkbox"/> | Multiple Family Dwelling | 1 _____ 2 _____ 3 _____ |
| <input type="checkbox"/> | Rooming House/Sleeping Rooms (Each Room) | |

FEE: Total number of Units _____ **X** _____ = \$ _____

Remember: Registration forms and monies not returned within 30 Days of receipt will be assessed a double fee.

 Owner: _____ Date: _____

 Township Representative _____ Date: _____

When Paying By Mail Please Return Form With Your Check
Checks Should Be Made Payable To: St Joseph Charter Township
 Mail To: P.O. Box 147, St Joseph, MI 49085



RENTAL INSPECTION

I hereby give permission to officials from St Joseph Charter Township to enter my Rental Apartment/Home for the purpose of conducting a rental inspection.

Name of Owner: _____

Name of Lessee: _____

Rental Address: _____

Name and Phone Number of Person to Contact to Schedule Inspection:

Signature of Owner: _____

OFFICE USE ONLY:

Of Units: _____

Parcel #: _____

Max # of Occupants	Premises & Exterior	Light & Ventilation	Plumbing	Mechanical	Electrical	Fire/Smoke Detectors	Reinspection

Inspected by: _____
Name Date