

2024 RESIDENTIAL RENTAL PROPERTY REGISTRATION FORM City of Zeeland

Community Development Department 21 S ELM ST - ZEELAND, MI 49464 Phone 616-772-0872 - Fax 616-772-0880 buildinginspector@cityofzeeland.com www.cityofzeeland.com

Form must be filled out completely. Incomplete forms may be returned.

Registration fee of \$15.00 per unit must be submitted with this application. Please make checks payable to "City of Zeeland".

RENTAL PROPERTY FREET ADDRESS				NAM	E OF DEVELOPM	MENT (IF APPLIC	CABLE)
YPE OF STRUCTURE:	1-FAMILY	2-FAMIL		3-FAMILY			ORE UNITS (NUMBER _
OTAL FEE DUE: \$		CI	TY USE ONLY:	☐ PAID	DATE		INITIALS
NIT INFORMATION (a	attach additio	nal sheets if	necessary):				
UNIT NUMBER (e.g. 150 1/2, Apt 1, etc.)		NUMBER OF BEDROOMS		PROPOSED MAXIMUM NUMBER OF OCCUPANTS		MBER OF	MONTHLY RENT
						\$	
						\$	
						\$	
						\$	
OWNER OF RENTAL F f unit owner is not a natura ome: WNER NAME			mation shall be th	at of the preside		anager, or oth	er chief executive):
CITY	STATE	ZIP	PHONE				
			EMAIL				
susiness:							
USINESS NAME				STREET ADDRI	ESS		
CITY	STATE	ZIP	PHONE				
			EMAIL				
				-	=	_	to the rental inspection program
RESPONSIBLE LOCA AME	L AGENT (i	f other than o	owner): however	the property owner STREET ADDRE		sible for any issue	s not resolved through the ager
CITY	STATE	ZIP	PHONE				
			EMAIL				
PERSON AUTHORIZE	D TO ORDI	ER REPAIR	RS (if other than	owner):			
AME				STREET ADDRE	ESS		
CITY	STATE	ZIP	PHONE				
			EMAIL				

Signed by: Owner Local Agent