



CITY OF ROOSEVELT PARK
900 Oak Ridge Rd.
Roosevelt Park, MI 49441
231-755-3721
Fax: 231-755-1442

RENTAL HOUSING REGISTRATION

Required in accordance with the City of Roosevelt Park Ordinances.

RENTAL ADDRESS: _____ **# of units:** _____

ADDRESS where the owner or local agent will accept notices or orders from the City: _____

Owners Name: _____	Phone: _____
Owners Address: _____	Cell Phone: _____
Business Address _____	Work Phone: _____

Pursuant to Section 3 of the City’s Licensing of Rental Dwelling Units Ordinance, “If the owner does not reside within 30 miles of the City, he or she shall designate a responsible local agent who shall be responsible for operating such dwelling in compliance with all codes, ordinances, and laws.”

MANAGER/LOCAL AGENT	
Agent Name: _____	Phone: _____
Residence Address: _____	
Business Address: _____	Work Phone: _____

If you no longer rent or own the above listed property, please notify the City by signing and returning this registration form with current information. A new owner of a registered dwelling shall register the dwelling within 30 days of assuming ownership.

I hereby swear or affirm that all statements contained hereon are true.

Signature: _____ Date: _____
 Owner/Agent/Manager

Call (231)755-3721, 8:30 a.m.-5:00 p.m. to schedule a rental inspection appointment.

APPLICATION MUST BE RETURNED WITH PAYMENT BEFORE INSPECTION CAN BE CONDUCTED.

FOR OFFICE USE ONLY:

Taxes	Amount Due: _____	Date Paid: _____	Verified by: _____
Water or sewer bills	Amount Due: _____	Date Paid: _____	Verified by: _____
Misc. Charges	Amount Due: _____	Date Paid: _____	Verified by: _____

Date Due: _____ Anniversary Date: _____ Date Paid: _____