Date: _____

Permit #: _____

Fee: _____

THE CITY OF

WHITE CLOUD A TRAIL FOR EVERY SEASON

MICHIGAN

Rental Property Registration Form

1.	Rental Property Address:
2.	Apartment: Rental Home: Number of Apartments / Units:
3.	All Apartments / Units Occupied?
4.	Property Owner: Phone #:
5.	Property Owner Address:
6.	Property Manager or Agent Name:
7.	Property Manager or Agent Phone #:
8.	Manager or Agent Address:
NOTE	Ordinance **** requires all rental properties lesated in the City of White Cloud to be registered
	Ordinance **** requires all rental properties located in the City of White Cloud to be registered
with th	e City. The law also requires inspections of those rental properties for health and safety issues.

Signature	Print Name	Date		
Office Use Only				
Date of Scheduled Inspection:	Time of Scheduled Inspect	ion:		
Official / Officer Conducting Inspection:				