Date:	
Permit #:	
Fee:	



Rental Property Registration Form

		Office Use OnlyTime of Sch	neduled Inspection:		
Ū		Office Use Only			
Signatı	ure	Print Name	Date		
		Print Name	 Date		
with th	he City. The law also requires ins	pections of those rental p	properties for health and safety issues.		
			he City of White Cloud to be registered		
8.	Manager or Agent Address:				
7.					
6.					
5.	Property Owner Address:				
4.	Property Owner:		Phone #:		
3.	All Apartments / Units Occupie	d?			
_	Apartment: Rental Home	e: Number of Apart	ments / Units:		
2.	Rental Property Address:				

City of White Cloud, 12 N. Charles Street, P.O. Box 607, White Cloud, Michigan 49349 Tel: (231) 689-1194 Fax: (231) 689-2001 Website: www.cityofwhitecloud.org