

RENTAL REGISTRATION FORM City of Brighton, Michigan



Please complete all information below and sign where appropriate. This form must be resubmitted whenever the owner and/or agent information changes.

Return Application and Required Documents/Fees to: City of Brighton, Planning & Zoning Department, 200 N. First Street, Brighton, MI 48116 - Fax: 810-227-6420 - Phone: 810-227-1911

<u>Registration Fees - \$30.00 for the first unit in a building/single family unit and \$10.00 for each additional</u> <u>non-owner occupied unit in the building</u>

	1. Type of App	lication	
New Rental Registration Change of Agent	Change of Contact Inforn Change # Units	nation 🗌 Chang	ge of Owner
	2. Property Info	rmation	
	Street Address		
Type Rental: Single-famil Total Number of Units (includin owner occupied units):		Mobile Home Total Number of Rental Units:	Multi-Unit
	3. Owner(s) Info	ormation	
Company Name (if applicable):			
Owner Name:	First		
Address:			
Mailing Address (if applicable):	Street Address		Apartment/Unit #
City		State	ZIP Code
Phone:	Email		
Cell Phone:	Fax:		
	no, please complete, Section #4 ned in this registration form is a	correct. I am responsible for	r notifying the City
of any changes regarding own Article VI. I am responsible fo		e read the City Rental Ordin n within 30 days and for pay valid Certificate of Compliar	nance 564 Sec. 18 /ing all inspection
Signature of Property Owner:	1	Date:	

4. Agent Information (if other than Property Owner) MUST reside within 20 miles of the City of Brighton

Company Na	ame (if applicable): _			
Agent Name:	Last	First		
Address:				
Mailing Addre	ess (if applicable):	Street Address		Apartment/Unit #
Ū.				
	City		State	ZIP Code
Phone:		Email		
Cell Phone:		Fax:		
	l affirm th	e information contained in this regist	ration form is correc	ct.
Signature of	Agent:		Date	
	5.	Correspondence and Conta	act Information	
		Send Correspondence / Billir	ngs to:	
		Owner / Agent (circle o	one)	
		Contact for Inspection Appoin	tments:	
		Owner / Agent (circle c	one)	
6. C	Contact Informat	ion for Person Authorized to different from Owner or I	· · · · · · · · · · · · · · · · · · ·	and/or Service (if
Company Na	ame (if applicable):			
Name:				
Name.	Last	First		
Address:		Street Address		
Mailing Addre	ess (if applicable):	Street Address		Apartment/Unit #
3				
	City		State	ZIP Code
Phone:		Email		
Cell Phone:		Fax:		
	l affirm th	e information contained in this regist		
Signature:	_		Date	:

7. Rental Unit Information

Number of residential rental buildings at this site:

1st Building - Total number of units:

Does the owner reside in one of the units:

YES N	0
	_

If YES, specify the unit number or address:

Total # of Rental Units in Building	Apartment # or Address of eac	h Rental Unit	Max # of People in Each Unit	Size of Habitable Rooms in Each Unit
Does the owner res	al number of units: side in one of the units:	YES NO		
Total # of Rental Units in Building	he unit number or address:		Max # of People in Each Unit	Size of Habitable Rooms in Each Unit

_	Total number of units: side in one of the units:	YES N	0 7	
If YES, specify t	he unit number or address:			
Total # of Rental Units in Building	Apartment # or Address of e	each Rental Unit	Max # of People in Each Unit	Size of Habitable Rooms in Each Unit
Does the owner res	- Total number of units: side in one of the units:	YES N	o]	
If YES, specify t	the unit number or address:			
Total # of Rental Units in Building	Apartment # or Address of each Rental Unit		Max # of People in Each Unit	Size of Habitable Rooms in Each Unit

If there are additional buildings on site, please complete multiple copies of this page.