



APPLICATION FOR RENTAL DWELLING REGISTRATION

City of Kentwood
 4900 Breton Ave SE • P.O. Box 8848
 Kentwood, MI 49518-8848
 (616) 554-0700

OWNER'S INFORMATION

1. Rental Dwelling Address

Street Number	Street Name

2. Owner's Full Name

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If a Corporation or Joint Ownership, please give name of principal officer or Residential Agent including birth dates and addresses of each on separate sheet.

3. Business Name (if any)

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4. Owner's Residence Address

Street Number	Street Name	City	State	Zip

5. Owner's Phone Numbers

Home	Cell	Fax

6. Owner's E-mail

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7. Owner's Birth Date (m/d/yr)

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8. Owner's Mailing Address

Street Number	Street Name	City	State	Zip

MANAGER OR AGENT'S INFORMATION

9. Manager or Agent's Full Name

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10. Manager or Agent's Residence Address

Street Number	Street Name	City	State	Zip

11. Manager or Agent's Phone Numbers

Home	Cell	Fax

12. Manager or Agent's E-mail

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13. Manager or Agent's Birth Date (m/d/yr)

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14. Manager or Agent's Mailing Address

Street Number	Street Name	City	State	Zip

15. Total number of rental units in the rental dwelling

16. Total number of hotel rooms in a hotel rental dwelling

17. Apartment number/address occupied by owner or manager

18. Apartment number or units not to be occupied

19. Signature of person completing the form (required)

20. Date of Signature

Do Not Write Below This Line (City Use Only)

Date Received	Registration Number	Inspector

Return signed forms to the
 Inspection Department

FAX (616) 698-7118
 Phone (616) 698-6439
 E-mail: martind@ci.kentwood.mi.us