

CITY OF CORUNNA

RENTAL PROPERTY REGISTRATION FORM

DATE: _____

ADDRESS OF RENTAL PROPERTY: _____

NAME (S) AND ADDRESS OF ALL OWNERS OF PREMISES: _____

NAME, LOCAL ADDRESS & TELEPHONE NUMBER OF PERSON AUTHORIZED TO COLLECT RENT:

NAME, LOCAL ADDRESS & TELEPHONE NUMBER OF RESPONSIBLE AGENT: _____

NUMBER OF BUILDINGS: _____

NUMBER OF UNITS IN EACH BUILDING: _____

SIGNATURE OF OWNER (S) APPOINTING LOCAL AGENT: _____

THIS SECTION TO BE COMPLETED BY RENTAL INSPECTION OFFICER

APPOINTMENT DATE & TIME: _____

APPROVED ON: _____

INSPECTION BY: _____

PARCEL I.D. NO.: _____