

City of Corunna Rental Property Registration/Inspection Form

Today's Date		
Rental Property Address		
Name of Property Owner		Phone #
Home Address of Property Owner		
City	State	Zip 4
Name of Responsible Agent/Person(s) Authorized to Collect Rent		Phone # of Responsible Agent/Person(s) Authorized
Number of Buildings 0	Number of Rental Units Per Building 0	

(Fees Per Unit: 3 units or less = \$30/unit or 4 units or more = \$25/unit)

Amount Remitted

\$

X _____
SIGNATURE OF PROPERTY OWNER

THIS SECTION TO BE COMPLETED BY RENTAL INSPECTION OFFICER

APPOINTMENT DATE _____

DATE APPROVED _____

APPOINTMENT TIME _____

INSPECTED BY _____

PARCEL I.D. # _____