

[] **NEW = \$10.00** Registration Fee Due; \$500.00 DEPOSIT MAY BE REQUIRED; (*Operating fees billed in January*)

[] **CHANGE/TRANSFER OF OWNERSHIP = \$10.00** Registration Fee Due



**RENTAL PROPERTY REGISTRATION • CITY OF PORT HURON, MI
PLANNING DEPARTMENT • RENTAL CERTIFICATION DIVISION**

100 McMorrان Boulevard • Port Huron, MI 48060
Phone: (810) 984-2465 • Fax: (810) 984-5384

Tax I.D. Number: 74-06- Property Address: _____ Zoning District: _____
Type of Units: *Single-Family* [] *Two-Family* [] *Multi-Unit* [] *Boardinghouse* [] *Roominghouse* []

OWNER(S) INFORMATION (*Attach additional sheet if necessary*)

Company Name (*if applicable*): _____
Name of Individual: _____ Birth Date: _____
Street Address (*required per Sec. 10-156*): _____
Mailing Address (*P.O. Box, if applicable*): _____
City: _____ State: _____ Zip Code: _____
Contact Phone #1: () _____ Contact Phone #2: () _____
[] Owner to Receive Rental Fee Bill [] Agent to Receive Rental Fee Bill
E-mail Address: _____

I affirm the information contained in this registration form is correct and that the Agent listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information, changes to the local agent information or change in tenant information (if applicable)

Signature of Property Owner: _____ Date: _____

LOCAL AGENT INFORMATION (*if other than Property Owner*)
MUST reside within the State of Michigan *and within 45 miles* of the Port Huron City Limits

Company Name (*if applicable*): _____
Name of Individual: _____ Birth Date: _____
Street Address (*ACTUAL street address*): _____
Mailing Address (*P.O. Box, if applicable*): _____
City: _____ State: _____ Zip Code: _____
Contact Phone #1: () _____ Contact Phone #2: () _____
E-mail Address: _____

I affirm that the information contained in this registration form is correct.

Signature of Agent: _____ Date: _____

Please supply the following information on the **BACK** of this form:

1. Number of residential structures (buildings) at this site.
2. Address and number of residential rental units in each structure (building) and the number of occupants in each unit and name of tenant on lease. *For single-family dwellings, a tenant's name may be provided for blight violation notification.*

OFFICE USE ONLY:

Received by (initials): _____ Date Received: _____
Received via: Mail: _____ Fax: _____ In-Person: _____
Deposit Required: _____ Yes - first registration _____ Yes - Previous Citations (*see below*) _____ No
Citations prior 2 yrs from: _____ to _____ for: _____ Blight _____ Building Code _____ Rental
Registration Fee _____ Date Deposit _____
Receipt #: _____ Deposit Check #: _____ Sent to Finance: _____

(OVER)

1. Number of residential **rental structures (buildings)** at this site: _____
2. For **Boardinghouse**, # of sleeping rooms: _____ # of bathrooms: _____
 For **Roominghouse**, # of bedrooms being leased/rented: _____
3. **1st Structure (building): Total number of Units:** _____
 Does the *Property Owner* reside in one of these units? Yes No
 If **YES**, specify Unit Number or Address: _____

Total # of Rental Units	Name Of Tenant and Apartment # Or Address Of Each Rental Unit	# of Occupants in Each Rental Unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **2nd Structure (building): Total number of Units:** _____
 Does the *Property Owner* reside in one of these units? Yes No
 If **YES**, specify Unit Number or Address: _____

Total # of Rental Units	Name of Tenant and Apartment # or Address of Each Rental Unit	# of Occupants in Each Rental Unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If there are *additional rental structures (buildings)*, please list on separate page in the *same format* as shown above.