



**Rental Property Registration Form**

Date: \_\_\_\_\_

Location of Dwelling: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_  
 Present Tenant's Name: \_\_\_\_\_ Lease Term/Duration: \_\_\_\_\_

**OWNER:**

**DESIGNATED AGENT: (If Different)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_

List below the Names, Addresses, and Telephone Numbers, of any/all partners, or corporate officers having interest as property owners:

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List the Name and address of the persons responsible for the maintenance of this property, if other then the property owner.

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**REGISTRATION FEE**

Single Family Dwelling \$50.00 Multiple Family Dwelling \$50.00 Rooming house/sleeping rooms \$50.00  
 (Fees are per rental unit within the rental property)

**Classification:**

Dwelling Class:

Make a check mark in the space provided to indicate which one applies to this rental property

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | Single Family Dwelling                   | Indicate the number of units within this dwelling |
| <input type="checkbox"/> | Multiple Family Dwelling                 | 1 _____ 2 _____ 3 _____                           |
| <input type="checkbox"/> | Rooming House/Sleeping Rooms (Each Room) |   |

**FEE: Total number of Units** \_\_\_\_\_ **X** \_\_\_\_\_ = \$ \_\_\_\_\_

**Remember:** Registration forms and monies not returned within 30 Days of receipt will be assessed a double fee.

\_\_\_\_\_  
 Owner: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Township Representative \_\_\_\_\_ Date: \_\_\_\_\_

**When Paying By Mail Please Return Form With Your Check**  
**Checks Should Be Made Payable To:** St Joseph Charter Township  
 Mail To: P.O. Box 147, St Joseph, MI 49085



## RENTAL INSPECTION

I hereby give permission to officials from St Joseph Charter Township to enter my Rental Apartment/Home for the purpose of conducting a rental inspection.

Name of Owner: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Name and Phone Number of Person to Contact to Schedule Inspection:  
 \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**OFFICE USE ONLY:**

# Of Units: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Max # of Occupants	Premises & Exterior	Light & Ventilation	Plumbing	Mechanical	Electrical	Fire/Smoke Detectors	Reinspection

Inspected by: \_\_\_\_\_  
Name Date