



BROWNSTOWN TOWNSHIP
Department of Community Services

21313 TELEGRAPH
Brownstown Township, MI 48183

RENTAL REGISTRATION FORM

Parcel Number _____

Street Address of Rental Property _____

Number of Units within Rental Property _____

Classification of Rental Property (for example: Apartment, Duplex, House, etc.) _____

Zoning Classification (for example: R1, RT, RM-1, etc.) _____

Maximum number of tenants permitted in each rental unit _____

OWNER INFORMATION (If more than one owner, owner information must be provided for each owner)

Name _____

Address _____

Phone Number _____

E-Mail Address _____

Cell Phone Number _____

Fax Number _____

RESPONSIBLE LOCAL AGENT INFORMATION

Name _____

Address _____

Phone Number _____

E-Mail Address _____

Cell Phone Number _____

Fax Number _____

AUTHORIZED INDIVIDUAL TO ORDER OR MAKE REPAIRS

Name _____

Address _____

Phone Number _____

Cell Phone Number _____

Fax Number _____

PERSON AUTHORIZED TO COLLECT RENT FROM TENANTS

Name _____

Address _____

Phone Number _____

Cell Phone Number _____

Fax Number _____

SIGNATURE (OWNER) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE (RESPONSIBLE LOCAL AGENT) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT