



# APPLICATION FOR RENTAL DWELLING REGISTRATION

City of Kentwood  
 4900 Breton Ave SE • P.O. Box 8848  
 Kentwood, MI 49518-8848  
 (616) 554-0700

OWNER'S INFORMATION

**1. Rental Dwelling Address**

Street Number	Street Name

**2. Owner's Full Name**

**3. Owner Driver's License**

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If a Corporation or Joint Ownership, please give name of principal officer or Residential Agent including birth dates and addresses of each on separate sheet.

**4. Business Name (if any)**

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**5. Owner's Residence Address**

Street Number	Street Name	City	State	Zip

**6. Owner's Phone Numbers**

Home	Cell	Fax

**7. Owner's E-mail**

**8. Owner's Birthdate (m/d/yr)**

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**9. Owner's Mailing Address**

Street Number	Street Name	City	State	Zip

MANAGER OR AGENT'S INFORMATION

**10. Manager or Agent's Full Name**

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**11. Manager or Agent's Residence Address**

Street Number	Street Name	City	State	Zip

**12. Manager or Agent's Phone Numbers**

Home	Cell	Fax

**13. Manager or Agent's E-mail**

**14. Manager's Birthdate (m/d/yr)**

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**15. Manager or Agent's Mailing Address**

Street Number	Street Name	City	State	Zip

**16. Total number of rental units in the rental dwelling**

**17. Total number of hotel rooms in a hotel rental dwelling**

**18. Apartment number/address occupied by owner or manager**

**19. Apartment number or units not to be occupied**

**20. Date dwelling became a rental**

**21. Signature of person completing the form (required)**

**22. Date of Signature**


Do Not Write Below This Line (City Use Only)

Date Received	Registration Number	Inspector	

Return signed forms to the  
 Inspection Department

FAX (616) 698-7118  
 Phone (616) 554-0781  
 E-mail: hargraver@ci.kentwood.mi.us