



Rental Housing Department
6676 Lake Michigan Drive PO Box 539
Allendale MI 49401
(616)892-3114

Annual Registration Application

Certificate No. _____ (For Office Use Only)

DATE:

RENTAL PROPERTY INFORMATION

Street address of rental property	
Number of units (house = 1 unit, duplex = 2 units, quadplex 4 units, etc.)	
Payment amount submitted (\$10/unit) \$	
Please select how you submitted your payment <input type="checkbox"/> Electronic <input type="checkbox"/> Check <input type="checkbox"/> Cash	

OWNER INFORMATION

Name of Registered Owner(s)	
Mailing Address	
City/State/Zip	
Home Phone	Cell Phone
Email Address	

RESPONSIBLE AGENT INFO (if applicable) All correspondence will be directed to the agent.

Agency Name:	Contact Person
Agency Mailing Address	
Agency City/State/Zip	
Agency Office Phone	Contact Cell
Agency email	Contact Email