



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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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