CITY OF GRAND RAPIDS
RENTAL DWELLING REGISTRATION FORM
This form is to be completed by the owner or manager of the residential rental property or residential vacant property.

Registration #:
Reg. Type:
Print Date:
PPN:

PROPERTY INFORMATION

1. Property Address					
2. Total # of Dwelling Units		**3.** Total # of Hotel Rooms (Hotels/Motels Only)		**4.** Total # of Rooming Units (Rooming House Only)	
5. Apartment # Occupied by Owner or Manager		**6.** Unit(s) not to be occupied		**7.** Is this a vacant building? (if yes, complete reverse side)	

OWNER INFORMATION (all ownership information below must be completed)

1. Owner's Full Name*					
If Corporation or Joint Ownership, give name of principal officer or Resident Agent including birth date and address of residence					
2. Business Name					
3. Address of Owner's Residence* (cannot be a P.O. Box)	Number and street name (cannot be P.O. Box)				
	City		State	Zip	
4. Owner's Birth Date* (mo/day/yr)	/ /	**5.** Telephone*	Home	( ) -	
			Work	( ) -	
6. E-Mail Address			Mobile	( ) -	
			Fax	( ) -	
7. Mail Delivery Address (if different from residence)	Number and street name City State Zip				

MANAGER INFORMATION (complete if manager is different from owner)

1. Manager Name					
2. Business Name					
3. Address of Manager's Residence	Number and street name				
	City		State	Zip	
4. Manager's Birth Date	(mo/day/year) / /	**5.** Telephone	Home	( ) -	
			Work	( ) -	
6. E-Mail Address			Mobile	( ) -	
			Fax	( ) -	

SIGNATURE OF PERSON COMPLETING FORM REQUIRED BELOW

1. Printed Name*			
2. Signature*		**3.** Date	

RETURN SIGNED FORM TO HOUSING INSPECTIONS

1120 MONROE AVE NW, SUITE 300, GRAND RAPIDS MI 49503
(616) 456-3453 (FAX) (616) 456-3053 (PHONE)

*denotes fields that must be completed or form will be returned

This page completed only for properties that have been vacant for 30 days or more.

CITY OF GRAND RAPIDS VACANT PROPERTIES FORM	Registration #: Reg. Type: Print Date: PPN:

VACANT PROPERTY INFORMATION	
1. Property Address	
2. Vacancy Is (select one)	☐ Indefinite ☐ Temporary, until / / (mm/dd/yyyy)
3. Reason for Vacancy	
4. Plans for Property	What are your plans for this property (e.g. restore, reuse, removal)? How long will this take?
5. Other Information	Is there any other information about this property that you want us to know?

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