



CITY OF PORT HURON
RENTAL CERTIFICATION DIVISION
 100 McMorran Boulevard, Port Huron MI 48060
 Phone: (810) 984-2465 * Fax: (810) 984-5384

- NEW REGISTRATION** = \$500.00 Deposit **MAY** be required; \$10.00 Registration Fee Due
 CHANGE/TRANSFER OF OWNERSHIP = \$10.00 Registration Fee Due
Annual Operating Fees Billed in January- Yearly
 Owner To Receive Rental Fee Bill **OR** Agent to Receive Rental Fee Bill

PROPERTY INFORMATION

Parcel I.D. Number: _____ Property Address: _____
 Zoning District: _____
 Type of Unit(s): Single-Family Two-Family Multi-Family Boardinghouse Rooming House

OWNER(S) INFORMATION *(Attach additional sheets if necessary)*

Company Name *(If Applicable)*: _____
 Name of Point of Contact for Company: _____
 Owner(s) Name: _____ Date of Birth: _____
 Owner Address *(required per Sec. 10.156)*: _____
(PO Box will not be accepted here)
 Mailing Address: _____
(If different from above- PO Box may be entered for Mailing purposes)
 City: _____ State: _____ Zip Code: _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 E-Mail Address: _____
I affirm the information contained in this registration form is correct and that the Agent/Emergency Contact listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information, changes to the local Agent information, or change in tenant information.
 Signature of Property Owner: _____ Date: _____

LOCAL AGENT INFORMATION

MUST reside within the State of Michigan **AND** within 45 miles of the Port Huron City Limits

Company Name *(If Applicable)*: _____
 Name of Point of Contact for Company: _____
 Agent Name: _____ Date of Birth: _____
 Agent Address: _____
(PO Box will not be accepted here)
 Mailing Address: _____
(If different from above- PO Box may be entered for Mailing purposes)
 City: _____ State: _____ Zip Code: _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 E-Mail Address: _____
I affirm that the information contained in this registration form is correct.
 Signature of Agent: _____ Date: _____

EMERGENCY CONTACT INFORMATION- **REQUIRED**

Emergency Contact Name: _____ Relationship: _____
 Emergency Contact Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 E-Mail Address: _____

BUILDING/UNIT INFORMATION

Please supply the following information below:

- Number of residential **rental** structures (buildings) at this site: _____
- For **Boardinghouse**, # of sleeping rooms: _____ # of Bathrooms: _____
For **Roominghouse**, # of bedrooms being leased/rented: _____
- 1st Structure (building): Total number of Units:** _____
Does the Property Owner reside in of these units? YES NO
If YES, please specify Unit Number or Address: _____

<u>Total # of Rental Units</u>	<u>Name of Tenant and Apt. # Or Address Of Each Rental Unit</u>	<u># of Occupants in Each Rental Unit</u>

- 2nd Structure (building): Total number of Units:** _____
Does the Property Owner reside in one of these units? YES NO
If YES, please specify Unit Number or Address: _____

<u>Total # of Rental Units</u>	<u>Name of Tenant and Apt. # Or Address Of Each Rental Unit</u>	<u># of Occupants in Each Rental Unit</u>

If there are additional rental structures (buildings), please list on separate page in the same format as shown above

OFFICE USE ONLY!

Received by (Initials): _____ Date Received: _____

Received Via: Mail Fax Email In-Person
 Deposit Required: Yes- First Registration Yes, Previous Citations (see below) No
 Citations prior 2 yrs from: _____ to _____ For: Blight Building Code Rental
 Property Taxes Current: Yes No

Registration Fee Receipt #: _____ Cash Check #: _____ Amount Collected: _____

Date Emailed To Finance: _____ Employee Signature: _____