



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

- NEW REGISTRATION (INITIAL REGISTRATION)** = \$100.00 Registration Fee Due
 CHANGE/TRANSFER OF OWNERSHIP = \$100.00 Registration Fee Due
 RE-REGISTRATION = \$75.00 Re-Registration Fee Due

Annual Operating Fees are Billed in January- Yearly

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: _____

OFFICE USE ONLY!

Received by (Initials): _____ Date Received: _____

Received Via: Mail Fax Email In-Person

Deposit Required: Yes- First Registration No

Amount Collected: _____ Cash Credit Card Check #: _____

Receipt #: _____ Date Emailed To Finance: _____

Employee Signature: _____ Date: _____