



RENTAL REGISTRATION FORM

Phone 269-983-1212

RENTAL UNIT INFORMATION

ZONING DISTRICT: _____ TAX CODE #11-76 _____

ADDRESS: _____ UNIT # _____

NUMBER OF UNITS IN BUILDING: _____

NUMBER OF BEDROOMS
IN UNIT

SIZE OF BEDROOMS
IN UNIT

NUMBER OF
OCCUPANTS

TOTAL NUMBER OF OCCUPANTS: _____

I certify that the information supplied to the City of St. Joseph on this document is true to the best of my knowledge.

OWNER/AGENT SIGNATURE: _____

Owner: _____

Owner Address: _____

Phone: _____ Cell: _____ E-mail: _____

Agent Name: _____

Agent Address: _____

Phone: _____ Cell: _____ E-mail: _____