



**Valley Township
County of Allegan
State of Michigan**

Rental Registration Form

Date of Application: _____

Parcel Number: 03-22-_____-_____

Street Address of Rental Property: _____

Type of Unit: (please circle) House Mobile Home Apartment Other: _____

Owner Information (Required)

Name of Registered Owner: _____

Address: _____

Phone number: _____

Email address: _____

Insurance Company: _____

Name

Address

Phone

Tenant Information:

Name _____

Address _____

Telephone: _____

Cell: _____

Total Number of Adults:

Total Number of Children:

Office Use Only

PLEASE SUBMIT FEES WITH THIS

Make checks payable to:

Valley Township

Rates: \$15 Registration \$30 Inspection

Registration Fee: \$_____

Inspection Fee: \$_____

Check#_____ Cash_____

TOTAL PAYMENT: \$_____

Date Moved In: _____

If this is a NEW REGISTRATION, an inspection is required immediately. The Owner must contact 269-673-5962 to schedule the inspection. If statements made in this document are found to be inaccurate by the Zoning/Code Compliance Department, the owner will be liable to unpaid fees and or other consequences.

I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.

Signature of Owner or Representative _____ Date _____

For Office Use Only: Rec'd By: _____ Date: _____ Payment Amount_____