



Community Planning & Development Department
 415 E. Stockbridge Avenue
 Kalamazoo, MI 49001
 Phone: (269) 337-8026
 Fax (269) 337-8513
 cpd@kalamazoo.org

APPLICATION FOR RENTAL REGISTRATION

Please complete all information below, and sign where appropriate. This form must be resubmitted whenever the owner and/or agent information changes. *All owners should verify with the City Assessor that the owner address is up to date by calling (269) 337-8011.* By signing this form owner/agent acknowledge they have read INFORMATION FOR RENTAL REGISTRATION.

TYPE OF APPLICATION: NEW RENTAL REGISTRATION CHANGE OF ADDRESS/PHONE
 CHANGE OF OWNER CHANGE OF AGENT CHANGE # UNITS

1. PROPERTY INFORMATION

LEGAL PROPERTY ADDRESS _____

TYPE OF APPLICATION: House/Apartment Fraternity/Sorority Mobile Home Hotel/Motel
 Bed & Breakfast Rooming House Cooperative Shelter

TOTAL # OF UNITS (INCLUDING ANY OWNER OCCUPIED UNITS) _____

NUMBER OF RENTAL UNITS _____

2. OWNER INFORMATION

I acknowledge that it is my responsibility to schedule an appointment for a housing inspection and to complete all repairs necessary for the issuance of a Certificate of Compliance with the City of Kalamazoo Housing Code; that it is my responsibility to schedule any necessary reinspections and/or future certificate renewal inspections prior to expiration of the Certificate of Compliance; and that I have read the Information for Rental Registration on the second page of this form. [Owners may act as their own agent if they live in the approved local area, otherwise they must designate a local agent. The approved local area is listed as a set of zip codes on the bottom of this form.]

OWNER: Name _____ Date of Birth ____/____/____
 Address _____
 City, State, Zip _____
 Phone _____ Cell _____
 Fax _____ Email _____

ACTING AS OWN AGENT?
 YES If yes, and want to use a different mailing address (i.e. PO Box), please fill out 3 below.
 NO If no, please designate local agent in 3 below.

I certify that the foregoing is accurate and complete:
 SIGNATURE _____ Date _____
 PRINT NAME AS SIGNED _____

3. AGENT INFORMATION

The following person has been designated as agent pursuant to Section 17-17 of the City of Kalamazoo's Code of Ordinances, and understands that, as local agent, they are responsible for ensuring compliance with the City of Kalamazoo Housing Code on behalf of the owner.

AGENT: Name _____ Date of Birth ____/____/____
 Address _____
 City, State, Zip _____
 Phone _____ Cell _____
 Fax _____ Email _____

I certify that the foregoing is accurate and complete:
 SIGNATURE _____ Date _____
 PRINT NAME AS SIGNED _____

Approved local area: 49001-20, 49024, 49026, 49034-35, 49041, 49045-46, 49048, 49050-56, 49055, 49060, 49064-67, 49070-72, 49074, 49077-84, 49087-88, 49097 (If your zip code is not included and you believe it to be within 30 miles/35 minutes of Kalamazoo, please call for more information.)

