

## **REQUEST FOR REMOVAL FROM RENTAL REGISTRATION**

Please complete form and submit to the address above or scan/email it to kzoorentalprogram@kalamazoocity.org

## ADDRESS OF PROPERTY: \_\_\_\_\_

<b>)</b> Remove	e Entire Property	From Rental	Registration
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Please state reason:

O Vacant

O Vacant & For Sale

O Rehab Ongoing

O Entirely Owner Occupied (non-family roommate requires registration & certification)

O Other:

I certify that I am the owner of the property and have authority to remove the property from rental registration. I understand if the property will be utilized as a rental in the future it must be re-registered, inspected and certified prior to occupancy by tenants:

Name:		
Signature:	Da	ate:
Telephone:	Email:	

Ο	Remove Rental Agent Only		
	I am currently designated as renal agent a	nd request remov	val:
	Name:		
	Signature:		_ Date:
	Telephone:	Email:	