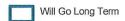


CITY OF MUSKEGON



933 Terrace St., Room 201 Muskegon, MI 49440 (231) 724 6766 - FAX (231)728-4371

SHORT TERM (RENTAL) REGISTRATION

SHORT TERM RENTAL REGISTRATION FORM AND ALL INFORMATION IS REQUIRED ANNUALLY

| NUMBER OF DWELLING U | NITS* | | # OF BEDROOM | MS |
|---|---|-------------------------------|--|---|
| Property Owners Name: * | | | | |
| Owners address: * | | | | |
| | | | | |
| Telephone: * | Cell: | | Fax: | |
| | | | | |
| Email Address: | | | | |
| Drivers License Number:* DRIVERS LICENSE SHOULD BE FOR SIGNER O | | State:* | Date of Bir | th:* |
| SIGNED * | | | DATE: | |
| I hereby certify that I am the owner, or land contract Rental Dwelling Registration. Chapter 10 Article VI of all fees. | t purchaser for the above rental or non | -owner occupied | | |
| Sec. 10-351 (f) Dwelling Fire Insurance premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelli Effective1/22LL5 | e; use of insurance proceeds. ing fire insurance. (2) Property | All property of owners to pro | wners owning proportion of the city with insur | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelli | e; use of insurance proceeds. ing fire insurance. (2) Property | All property o | wners owning proposition with insurance of the city with insurance of the c | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelli Effective1/22LL5 Insurance Company Name*: | e; use of insurance proceeds. ing fire insurance. (2) Property | All property o owners to pro | wners owning proposition with insurance of the city with insurance of the c | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelli Effective1/22LL5 Insurance Company Name*: Policy Number*: | e; use of insurance proceeds. ing fire insurance. (2) Property | All property o owners to pro | wners owning proportion of the city with insurance of the city with insuran | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelling Effective1/22LL5 Insurance Company Name*: Policy Number*: | e; use of insurance proceeds. ing fire insurance. (2) Property F ** INDICATES REC | All property o owners to pro | where owning proportion of the city with insurance of the city with insuran | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelli Effective1/22LL5 Insurance Company Name*: Policy Number*: Responsible Party: * | e; use of insurance proceeds. ing fire insurance. (2) Property F INDICATES REC | All property o owners to pro | where owning proportion of the city with insurance of the city with insuran | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelling Effective1/22LL5 Insurance Company Name*: Policy Number*: | * INDICATES REC | All property o owners to pro | wide city with insure | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelling Effective1/22LL5 Insurance Company Name*: Policy Number*: Responsible Party: * Address: * | * INDICATES REC | All property o owners to pro | Zip: * | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelling Effective1/221.L5 Insurance Company Name*: Policy Number*: Responsible Party: * Address: * City: * Telephone: * | * INDICATES REC | All property o owners to pro | DS Zip: *Fax: | erty in the city shall be rance information. |
| premises in the city"(I) Minimum coverage to obtain a minimum of \$10,000 in dwelling Effective1/22LL5 Insurance Company Name*: Policy Number*: Responsible Party: * Address: * City: * | * INDICATES REC | All property o owners to pro | .DS Zip: *Fax: | erty in the city shall be rance information. |