



CITY OF MUSKEGON

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

☐ Will Go Long Term

SHORT TERM (RENTAL) REGISTRATION

SHORT TERM RENTAL REGISTRATION FORM AND ALL INFORMATION IS REQUIRED ANNUALLY

RENTAL PROPERTY ADDRESS: * _____

NUMBER OF DWELLING UNITS* _____ # OF BEDROOMS _____

Property Owners Name: * _____

Owners address: * _____

Telephone: * _____ Cell: _____ Fax: _____

Email Address: _____

Drivers License Number:* _____ State:* _____ Date of Birth:* _____

DRIVERS LICENSE SHOULD BE FOR SIGNER OR NOTE IF OTHER

SIGNED * _____ **DATE:** _____

I hereby certify that I am the owner, or land contract purchaser for the above rental or non-owner occupied property location. Application is hereby made for Rental Dwelling Registration. Chapter 10 Article VI Section 353 of the Muskegon Code of Ordinances requires periodic inspection of rental properties and payment of all fees.

Sec. 10-351 (f) Dwelling Fire Insurance - "the city shall require dwelling fire insurance for all property owners who let for occupancy premises in the city"(1) Minimum coverage; use of insurance proceeds. All property owners owning property in the city shall be required to obtain a minimum of \$10,000 in dwelling fire insurance. (2) Property owners to provide city with insurance information.
Effective ..1/22LL5

Insurance Company Name*: _____

Policy Number*: _____ Exp.Date*: _____

*** INDICATES REQUIRED FIELDS**

Responsible Party: * _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

Telephone: * _____ Cell: _____ Fax: _____

Email Address: _____

Drivers License Number: * _____ State: * _____ DOB: _____

Responsible Party Signature: * _____ Date: _____