## **CITY OF SOUTHFIELD**

## **Department of Building & Safety Engineering** 26000 Evergreen Road • Southfield, MI 48076

Telephone Number: (248) 796-4177 Fax Number: (248) 796-4105

## **Application for Registration of Rental or Leased Dwelling**

Please complete this application and return it to the attention of the Rental Registration Coordinator with your check made payable to the City of Southfield. The fee for a three year registration and inspection of a rental or leased dwelling is \$300, plus a \$40 application fee.

leased dwelling is \$300, p	lus a \$40 application fee.	Date:
Rental Property Address	s:	
Street Address	Zip	
Owner: (Please print)		
First Name	Last Name	Email Address
leased dwelling for said pr	operty pursuant to Ordin	ty, I hereby make application for registration of a rental or ance $#1656$ (Section $8.501 - 8.514$ of the Southfield City be or agent of the City to inspect said dwelling in accordance
Owner:		Tenant:
Street Address		Name
City Sta	te Zip	Phone Number
Home Phone	Work Phone	
Date of Birth		Please return to: Attn: Rental Registration Coordinator City of Southfield Department of
Driver's License		Building & Safety Engineering P. O. Box 2055 Southfield, MI 48076
Owner's Signatur	•e	