



BUILDING INSPECTIONS  
 TELEPHONE 616/530-7285 FAX 616-249-3484  
 1155 - 28TH STREET, SW, BOX 905 WYOMING MI 49509-0905  
 WWW.CI.WYOMING.MI.US



## CITY OF WYOMING RENTAL REGISTRATION FORM

### PROPERTY INFORMATION

1. Property Address:			
2. Total Number of Buildings:		3. Number of Dwelling Units	

### OWNER INFORMATION

1. Owner's Full Name:															
2. Business Name:															
3. Address of Owner's Residence (cannot be P.O. Box)	Number and Street name (no P.O. Box)														
	City	State	Zip												
4. Owner's Birth Date ( / / )	/ /	5. Telephone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Home</td> <td style="width: 15%; padding: 2px;">( )</td> <td style="width: 10%; padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Work</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Mobile</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Fax</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> </table>	Home	( )	-	Work	( )	-	Mobile	( )	-	Fax	( )	-
Home	( )	-													
Work	( )	-													
Mobile	( )	-													
Fax	( )	-													
6. E-Mail Address:															
7. Mail Delivery Address: (if different from residence)	Number and Street name	City	MI Zip												

### MANAGER INFORMATION (complete if different from owner)

1. Manager's Name:															
2. Business Name:															
3. Address of Manager's Residence	Number and Street name														
	City	State	Zip												
4. Manager's Birth Date ( / / )	/ /	5. Telephone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Home</td> <td style="width: 15%; padding: 2px;">( )</td> <td style="width: 10%; padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Work</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Mobile</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px;">Fax</td> <td style="padding: 2px;">( )</td> <td style="padding: 2px;">-</td> </tr> </table>	Home	( )	-	Work	( )	-	Mobile	( )	-	Fax	( )	-
Home	( )	-													
Work	( )	-													
Mobile	( )	-													
Fax	( )	-													
6. E-Mail Address:															

### SIGNATURE OF PERSON COMPLETING FORM (REQUIRED BELOW)

1. Printed Name:			
2. Signature:		Date	

RETURN SIGNED FORMS TO BUILDING INSPECTIONS