



City of White Cloud
Rental Unit Inspection Form

Rental Unit Inspection Form
(use one form for each rental dwelling)

All owners of rental unit dwellings located within the City of White Cloud are required to submit both a completed rental registration and inspection form and make fees payable to the City of White Cloud (check or cash). Complete all applicable information and return to the City of White Cloud, 12 N Charles P.O. Box 607 White Cloud, MI 49349.
Please **type or print** clearly in ink

Owner(s): _____ **DOB:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone #: _____ **Mobile #:** _____
Fax #: _____ **Email:** _____

Responsible Local Agent (if applicable)

Name: _____ **DOB:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone #: _____ **Mobile #:** _____
Fax #: _____ **Email:** _____

Address of Property to be Inspected

Property address: _____ **Property number:** _____
Single Unit: _____ **Duplex:** _____ **Multi unit:** _____

I hereby attest that the above information is true to the best of my knowledge. I understand that the failure to register any rental dwelling units within the City of White Cloud or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.

The signing of this application is authorization for the City, it's independent contractors and employees, to seek information and conduct the required investigations and inspections.

Owner(s) signature: _____ **Date:** _____

Local Agent's signature: _____ **Date:** _____