Date:	
Permit #: _	
Fee:	



## Rental Property Registration Form

1.	Rental Property Address:				
			ments / Units:		
4.			Phone #:		
5.					
6.	Property Manager or Agent N				
7.	Property Manager or Agent Phone #:				
8.	Manager or Agent Address: _				
	-		the City of White Cloud to be registered properties for health and safety issues.		
Signature		Print Name	Date		
		Office Use Only			
Date of Scheduled Inspection:		Time of Sch	neduled Inspection:		
Officia	al / Officer Conducting Inspectio	n:			