City of White Cloud Rental Unit Registration & Inspection Application

Date : _____

1. Rental Property Street Address: _____
2. Dwelling: Check one of the following _____Single (1 unit) _____ Duplex (2 unit) _____Multi (over 2)

   Number of units per building if multi unit: _____ _____
3. Property Owner: _____ Phone #: _____
4. Property Owner Address: _____

   Property Owner Email: _____
5. Property Manager or Local Agent Name: _____
6. Property Manager or Agent Phone:#_____Email:_____
7. Manager or Local Agent Address: _____

   __ _____

NOTE: Ordinance 2022-04 requires all rental unit dwellings located within the City of White Cloud are required to submit a completed rental unit registration and inspection application and make fees payable to the City of White Cloud. Complete all applicable information and return to the City of White Cloud Office, 12 N. Charles – PO Box 607, White Cloud, MI 49349 or Via email to: Clerk@cityofwhitecloud.org Payment can be made in person, mail or online at www.cityofwhitecloud.org – Make a payment.

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

_____

Signature Print Name Date

*Change of Ownership to be filed within 10 business days of the final sale. Provide a copy of the property transfer affidavit.

Office Use Only

Fee: _____

Date of Scheduled Inspection: _____ Time of Scheduled Inspection: _____

Notes:

Certificate issued: _____ Date:_____