



RENTAL PROPERTY REGISTRATION FORM

Building Department, City of Inkster
26215 Trowbridge, Inkster, Michigan 48141
building@cityofinkster.com
Inspection Line: 313-563-7716

I. Building Information

Property address _____

Property ID _____

Type of Rental (please circle): SINGLE-FAMILY DUPLEX MULTIPLE-FAMILY

Number of Buildings: _____ Total Rental Units: _____

Type of Ownership (please circle): INDIVIDUAL PARTNERSHIP CORPORATION

II. Applicant/Owner Information

A. PROPERTY MANAGER

Name _____ Driver's License # _____

Address _____ Suite/Unit # _____

City _____ State _____ Zip Code _____

Main Telephone # _____ Other Telephone # _____

Email Address _____

Property Managers are required to submit a copy of the Property Management Agreement

B. OWNER OF RECORD ** Please note, NO certificate will be issued until the property owner's mailing address is verified**

****No P.O. Boxes will be accepted****

Name _____ Driver's License # _____

Address _____ Suite/Unit # _____

City _____ State _____ Zip Code _____

Type of Interest (fee simple/land contract) _____

Main Telephone # _____ Other Telephone # _____

Email Address _____

City _____ State _____ Zip Code _____

C. IF OWNER IS A PARTNERSHIP, THE FOLLOWING INFORMATION FOR ALL PARTNERS IS REQUIRED

Name _____ Name _____

Address/Suite# _____ Address/Suite# _____

City, State, Zip _____ City, State, Zip _____

Telephone # _____ Telephone # _____

Driver's License # _____ Driver's License # _____

D. IF THE OWNER IS A CORPORATION, THE FOLLOWING INFORMATION FOR ALL OFFICERS IS REQUIRED

President _____ **Vice President** _____

Address/Suite# _____ Address/Suite# _____

City, State, Zip _____ City, State, Zip _____

Telephone # _____ Telephone # _____

Driver's License # _____ Driver's License # _____

Secretary _____ Treasurer _____

Address/Suite# _____ Address/Suite# _____

City, State, Zip _____ City, State, Zip _____

Telephone # _____ Telephone # _____

Driver's License # _____ Driver's License # _____

III. Acknowledgements and Signature

- I acknowledge that the information contained in this application is true
- I have obtained a copy of the housing quality standards from which my property will be expected to comply in order to be issued a rental certificate
- I understand that all rental properties located within the City of Inkster are required to be registered every three years and failure to register would constitute a violation of City Ordinances
- All repairs to be completed within 6 months of initial inspection if currently occupied
- All repairs must be completed prior to occupancy, if currently unoccupied or becomes vacant
- This application is subject to City of Inkster Code of Ordinances, Chapter 150
- *Failure to comply will result in further code enforcement*

IV. Fees

- Single-Family - \$185.00
- Duplex – \$235.00
- Multiple-Family - \$185.00/per building + \$50.00 per Billable Unit
- If needed, re-inspection fee of \$40.00 per unit. Lock out fee is \$40.00 per unit

I acknowledge that the inspection fee paid includes an initial and a final inspection and that any additional inspection required will be an additional charge of \$40.00 per inspection. If the inspector is locked out of the unit, a \$40.00 fee will be due before any further inspections are conducted.

V. Furnace Certificate Required

Please note, in order for your property to receive certification, the furnace must be certified by a licensed mechanical contractor.

I am the ___ Owner

___ Agent

Name Printed _____

Signature _____ Date _____

Check or money order payments are made to City of Inkster.
Cash and Credit Card payments are processed in person at City Hall.
City Hall Public Access Hours are Monday through Friday 8:30 A.M. to 4:00 P.M.