

RENTAL REGISTRATION FORM

City of Lansing, Code Compliance Office, 316 N. Capitol Ave., Suite C-2 Lansing, MI 48933-1238 (517) 483-4361

The Owner/Manager is responsible for scheduling all required inspections. Call (517) 483-4361 to schedule.

Lack of inspection can lead to fines, vacating the property and other penalties. Completing this form does not finish the registration process.

Fill out items 1-8 completely. PLEASE PRINT

1. New Registration <input type="checkbox"/>	New Owner <input type="checkbox"/>	Change of Address, etc. <input type="checkbox"/>	Date: _____
2. Rental Address: _____ NUMBER N S E W STREET NAME & Ave, Ct, Sq, Dr, Row, Way, Place, Circle St, Blvd, Lane, Etc		3a. Single Building <input type="checkbox"/> (Check One) Single Family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Owner Occupied Y N (circle one) 3 or More Units <input type="checkbox"/> Multiple Dwelling (3 or more units) <input type="checkbox"/> Boarding House <input type="checkbox"/> Residential Care Facility <input type="checkbox"/>	3b. Complex <input type="checkbox"/> For a complex a separate form is required for each building in the complex. Complex Name: _____ Number of Buildings: _____
Regarding Rental Address Above: Is a Homestead claimed at the Assessor's Office? Yes <input type="checkbox"/> or No <input type="checkbox"/> A box must be checked! If you don't know please call the Assessor's Office at (517) 483-7624. If there is a homestead on it ask them how to rescind it.		4. Owner(s) Name(s): _____ Business Name: _____ (If applicable) Mailing Address: _____ (Do NOT give PO Box)	
Phones: Day (____) _____ Ext ____ / Evening (____) _____ Ext ____ Phones Emergency: (if different from above) (____) _____ Ext ____ Phones: Cell (____) _____ / Fax (____) _____ Ext ____ Email: _____		5. Agent's Name(s): _____ (If different from Owner) Business Name: _____ (If applicable) Mailing Address: _____ (Do NOT give PO Box)	
6. No. of Guest Rooms _____ No. of Efficiency Units _____ No. of 1 Bedroom Units _____ No. of 2 Bedroom Units _____ No. of 3 Bedroom Units _____ No. of 4 or More Bdrm Units _____ TOTAL NO. OF UNITS: _____		7. Send Correspondence / Billings to: Owner / Agent (Circle One) Contact for Inspection Appointment: Owner / Agent (Circle One)	
Office Use Only PLEASE SEND FEES WITH THIS APPLICATION Make checks payable to: CITY OF LANSING Registration Fee Due: _____ Inspection Fee Due: _____ Change of Owner Fee Due: _____ TOTAL AMOUNT DUE: _____			

If this is a NEW REGISTRATION, an inspection is required *immediately*. Payment and the Registration form must be received prior to an inspection being scheduled. The Owner/Manager must contact (517) 483-4361 to schedule the inspection. If statements made in this document are found to be inaccurate by the Zoning, Code Compliance or other City of Lansing Departments, the owner will be liable for unpaid fees and/or other consequences. If you no longer own this building, notify this office with the name and address of the new owner and the status of the dwelling.

8. I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.

Signature of Owner or Representative _____ Date _____

For Office Use Only: Rec'd by: _____ Area #: _____ Entered by: _____ To Zoning: _____
 White - Office Copy Yellow-Inspector's Copy Pink-Owner's Copy Revised 06/2016