



**CITY OF PORT HURON**  
**RENTAL CERTIFICATION DIVISION**  
 100 McMorran Boulevard, Port Huron MI 48060  
 Phone: (810) 984-2465 \* Fax: (810) 984-5384

**NEW REGISTRATION** = \$500.00 Deposit **MAY** be required; \$10.00 Registration Fee Due  
 **CHANGE/TRANSFER OF OWNERSHIP** = \$10.00 Registration Fee Due  
*\*Annual Operating Fees Billed in January- Yearly\**  
 Owner To Receive Rental Fee Bill **OR**  Agent to Receive Rental Fee Bill

**PROPERTY INFORMATION**

Parcel I.D. Number: [String.Parcel.ParcelNumber] Property Address: [String.Property.AddressDisplayString]  
 Zoning District: [String.Property.Zoning]  
 Type of Unit(s): Single-Family  Two-Family  Multi-Family  Boardinghouse  Rooming House

**OWNER(S) INFORMATION** *(Attach additional sheets if necessary)*

Company Name *(If Applicable)*: \_\_\_\_\_  
 Name of Point of Contact for Company: \_\_\_\_\_  
 Owner(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Owner Address *(required per Sec. 10.156)*: \_\_\_\_\_  
*(PO Box will not be accepted here)*  
 Mailing Address: \_\_\_\_\_  
*(If different from above- PO Box may be entered for Mailing purposes)*  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
*I affirm the information contained in this registration form is correct and that the Agent/Emergency Contact listed below is correct and that it is my responsibility to notify the City of any changes in my mailing or contact information, changes to the local Agent information, or change in tenant information.*  
 Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCAL AGENT INFORMATION**

**MUST** reside within the State of Michigan **AND** within 45 miles of the Port Huron City Limits

Company Name *(If Applicable)*: \_\_\_\_\_  
 Name of Point of Contact for Company: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_  
*(PO Box will not be accepted here)*  
 Mailing Address: \_\_\_\_\_  
*(If different from above- PO Box may be entered for Mailing purposes)*  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
*I affirm that the information contained in this registration form is correct.*  
 Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION- \*\*REQUIRED\*\***

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**BUILDING/UNIT INFORMATION**

Please supply the following information below:

1. Number of residential **rental** structures (buildings) at this site: \_\_\_\_\_
2. For **Boardinghouse**, # of sleeping rooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_  
 For **Roominghouse**, # of bedrooms being leased/rented: \_\_\_\_\_
3. **1<sup>st</sup>** Structure (building): **Total number of Units:** \_\_\_\_\_  
 Does the Property Owner reside in of these units?  YES  NO  
 If YES, please specify Unit Number or Address: \_\_\_\_\_

<u>Total # of Rental Units</u>	<u>Name of Tenant and Apt. # Or Address Of Each Rental Unit</u>	<u># of Occupants in Each Rental Unit</u>

4. **2<sup>nd</sup>** Structure (building): **Total number of Units:** \_\_\_\_\_  
 Does the Property Owner reside in one of these units?  YES  NO  
 If YES, please specify Unit Number or Address: \_\_\_\_\_

<u>Total # of Rental Units</u>	<u>Name of Tenant and Apt. # Or Address Of Each Rental Unit</u>	<u># of Occupants in Each Rental Unit</u>

*\*\*If there are additional rental structures (buildings), please list on separate page in the same format as shown above\*\**

**OFFICE USE ONLY!**

Received by (Initials): \_\_\_\_\_ Date Received: \_\_\_\_\_

Received Via:  Mail  Fax  Email  In-Person

Deposit Required:  Yes- First Registration  Yes, Previous Citations (*see below*)  No

Citations prior 2 yrs from: \_\_\_\_\_ to \_\_\_\_\_ For:  Blight  Building Code  Rental

Property Taxes Current:  Yes  No

Registration Fee Receipt #: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_ Amount Collected: \_\_\_\_\_

Date Emailed To Finance: \_\_\_\_\_ Employee Signature: \_\_\_\_\_