

# LANDLORD REGISTRATION APPLICATION

**CITY OF WAYNE  
RENTAL DWELLINGS DIVISION  
4001 S. WAYNE ROAD  
WAYNE, MI 48184  
(734) 728-9100 FAX: (734) 728-2159**

Application is hereby made for Landlord Registration for: (check one)

Single Family Dwelling \_\_\_\_\_ Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_

Number of Buildings \_\_\_\_\_ Number of Units \_\_\_\_\_

Location: \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Address City State Zip

Owner Telephone: \_\_\_\_\_  
(Area Code)

Manager Name: \_\_\_\_\_

Manager Telephone: \_\_\_\_\_

Complete the following only if the owner is a partnership or Corporation:

Name of principal owner: \_\_\_\_\_

Address: \_\_\_\_\_

Legal entity of owner (corporation, partnership, other: \_\_\_\_\_)

**A COPY OF HOMEOWNER'S DRIVER LICENSE IS ALSO REQUIRED.**