

NON-OWNER-OCCUPIED DWELLING REGISTRATION

LANDLORDS MUST COMPLETE 3 SEPARATE FORMS BEFORE THEIR PROPERTY IS CONSIDERED REGISTERED

- 1. NON-OWNER-OCCUPIED DWELLING REGISTRATION (2 PAGE FORM, FILLED OUT BY THE LANDLORD)**
- 2. CRIME FREE LEASE ADDENDUM (1 PAGE FORM, SIGNED BY LANDLORD & TENANT)**
- 3. CITY OF ZILWAUKEE LEASE DISCLOSURE (2 PAGE FORM, SIGNED BY LANDLORD & TENANT)**

****FORMS 2 & 3 MUST BE SIGNED BY BOTH TENANTS & LANDLORD****

****EACH FORM MUST BE FILLED OUT COMPLETELY****

NON-OWNER-OCCUPIED DWELLING REGISTRATION

Zilwaukee City Hall Phone:989-755-0931 Fax: 989-755-2202
 319 Tittabawassee Road
 Saginaw, MI 48604



Instructions:

- Complete a separate form for each location to be registered. Any future updates in mailing address, contact owner, controller or agent information must be submitted directly to the Clerk's Office within 30 days.
- Applications can be submitted by mail, fax, or in person. Checks payable to: *City of Zilwaukee*
- Renewal payments are due each year by May 31st; there is a 100% penalty for late payments. Proof of inspection by the city must accompany your annual renewal payment.
- If the property has become vacant or has been sold, you must contact the Clerk's office.

| | |
|--|---|
| Property Address: | Number of Units: |
| Date Property Acquired: | Lease Date: |
| Owner Information Should reflect exact name(s) on deed to property | Controller Information: business/individual responsible for payments, renewals, certificates, and notices. |
| Name (s) on deed 1 2 | Business Name |
| If deed holder is a business, who is the responsible individual | Individual representing business |
| Mailing address | Address |
| City | City |
| State | State |
| Zip | Zip |
| Primary phone | Phone number |
| Secondary phone | email |
| email | Local Agent Information: the business/individual responsible for property maintenance. REQUIRED if deed holder is not located in Michigan. |
| Date of Birth 1 2 | Business Name |
| Driver's License Number 1 2 | Individual Agent's Name |
| Federal Tax ID number, if applicable | Address |
| | City |
| | State |
| | Zip |
| | Phone number |
| | email |

Signature Section

I, _____, hereby swear or affirm that I am the OWNER/OPERATOR of the above property and that the information contained on this application is true. I also swear or affirm that I am familiar with or have received information on the terms of the City Ordinance that regulates this registration. I hereby agree that in the event my property becomes dangerous as defined by the City of Zilwaukee Dangerous Building Ordinance, State Law, or the City of Zilwaukee Housing Code, I give permission for the City, its agents, employees, or representatives, to enter and board the premises or do whatever necessary to make the property secure and safe. I further hold the City of Zilwaukee harmless from all claims arising out of any actions in relation to the boarding or securing of said premises. I further agree to reimburse the City of Zilwaukee for all expenses incurred in securing said premises. I hereby agree to provide all residents with a lease disclosure letter which provides information regarding frequently violated City regulations, and I further agree that each lease or rental agreement entered for this property shall contain the Crime Free Lease Addendum.

X _____ Date: _____