## NON-OWNER OCCUPIED DWELLING REGISTRATION

LANDLORDS MUST COMPLETE 3 SPEREATE FORMS BEFORE THEIR PROPERTY IS CONSIDERED, REGISTERED.

- 1. NON-OWNER OCCUPIED DWELLING REGISTRATION (2 PAGE FORM, FILLED OUT BY LANDLORD)
- 2. CRIME FREE LEASE ADDENDUM (1 PAGE FORM, SINGED BY LANDLORD & TENANT)
- 3. CITY OF ZILLWAUKE 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 989.755.0931 Fax: 989.755.2202

319 Tittabawassee, Saginaw, MI 48604

## Instructions:

- Complete a separate form for each location to be registered. Any future updates in mailing, 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
- If a controller or local agent is designated on this form, a copy of the written agreement must accompany this application.
- Renewal payments are due each year by January 1st; there is a 100% penalty for late payments. Proof of annual inspection must be provided with 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 Individual representing business
If deed holder is a business, who is the responsible individual	Address
Mailing address	State Zip
City	Phone number
State Zip	email
Primary phone	Local Agent Information: the business/individual responsible
Secondary phone	for property maintenance. <u>REQUIRED</u> if deed holder is not located in Michigan
Email	Business Name
Date of Birth	Individual Agent's Name
1. 2.	Address
Driver's License Number	State Zip
1. 2.	Phone number
Federal Tax ID Number, if applicable	1. Email

Signature Section		
l, hereby swo	ear or affirm that I am the OWNER/AGENT/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 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		
Saginaw for all expenses incurred in securing said premises. I also 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 into for this property shall contain the Crime Free Lease Addendum.		
X	Date:	