



CITY OF INKSTER
DEPARTMENT OF BUILDING & SAFETY
Registration of Rental Properties

Owner Information

PRINTED NAME _____		DBA (IF APPLICABLE) _____	
ADDRESS (P.O. BOX NOT ACCEPTABLE) _____	CITY _____	STATE _____	ZIPCODE _____
TELEPHONE #1 _____	TELEPHONE #2 _____	FAX _____	
DRIVERS LICENSE # _____		EMAIL _____	
SIGNATURE _____		DATE _____	

Agent Information (If Applicable)

PRINTED NAME _____		DBA (IF APPLICABLE) _____	
ADDRESS (P.O. BOX NOT ACCEPTABLE) _____	CITY _____	STATE _____	ZIPCODE _____
TELEPHONE #1 _____	TELEPHONE #2 _____	FAX _____	
DRIVERS LICENSE # _____		EMAIL _____	

Rental Property Addresses

LIST ALL RESIDENTIAL RENTALS TO BE INCLUDED IN THIS REGISTRATION

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

USE A SEPERATE SHEET FOR ADDITIONAL PROPERTIES