Pittsfield Township Department of Building Safety
Authorized Property Agent Registration Form

Property Name**:** _____ Property Address: _____

Authorized Agent: _____ _____
Name Distance from property (Max. 60 miles)

_____ _____ _____ _____
Mailing Street Address City State Zip

_____ _____ _____ _____
Business Phone Emergency Phone Cell Phone E-mail

_____ _____
Drivers License Number State of Michigan Identification

Authorization to Receive Notices and Process:

Know all men by these presents that I, _____, the undersigned, am the owner of certain property referred to and described in this application and registration form; that the premises is managed or operated by

My Agent, _____, whose address, phone number and contact person are shown above; and in compliance with the Property Inspection Ordinance of Pittsfield Township, being ordinance #273, do hereby appoint said agent to accept and receive all notices and process whatsoever required and/or appropriate pursuant to, and for the proper administration of, the Property Inspection Ordinance.

_____
Owner or person representing the entity which owns the premises

_____
Title

STATE OF MICHIGAN)
) SS
COUNTY OF WASHTENAW)

ON THE _____DAY OF _____, 20 _____, BEFORE ME, A NOTARY PUBLIC,

PERSONALLY APPEARED _____, SATISFACTORY PROVEN TO ME, OR KNOWN BY ME TO BE THE PERSON DESCRIBED IN THIS INSTRUMENT, OR THE PERSON REPRESENTING THE ENTITY DESCRIBED IN THIS INSTRUMENT, AND WHO ACKNOWLEDGED SAID INSTRUMENT BEFORE ME.

_____
NOTARY PUBLIC
WASHTENAW COUNTY, MICHIGAN

MY COMMISSION EXPIRES: _____