



**Pittsfield Charter Township**  
**Department of Building Services**

6201 West Michigan Avenue, Ann Arbor, MI 48108  
Phone: (734) 822-3125 • Fax: (734) 944-1103  
Website: [www.pittsfield-mi.gov](http://www.pittsfield-mi.gov)

**Mandy Grewal, Supervisor**

**Kurt Weiland**  
Director of Building Services  
[weilandku@pittsfield-mi.gov](mailto:weilandku@pittsfield-mi.gov)

**Laura Igna**  
Building Services Manager  
[igna@pittsfield-mi.gov](mailto:igna@pittsfield-mi.gov)

---

## RENTAL DWELLING REGISTRATION FORM

Rental Property Address: \_\_\_\_\_

**All changes in the required information must be provided to the Department of Building Services in writing within 30 days of the change.**

### Property Owner Information:

|  |   |               |          |
|--|---|---------------|----------|
| Full Name  | Driver's License or State ID Number     |               |          |
| Mailing Address  | City                                    | State         | Zip Code |
| Primary Phone  | Secondary Phone                         | Email Address |          |
| Name of Property Insurance Company   | Property Insurance Company Phone Number |               |          |
| <b>If the property owner's address is more than 60 miles from the Township, the owner must designate a local agent and complete the <a href="#">Authorized Property Agent Registration Form</a>.</b> |   |               |          |
| Property Owner Signature   | Date                                    |               |          |

### Emergency Contact Information:

|                     |                      |                        |
|---------------------|----------------------|------------------------|
| First Contact Name  | Primary Phone Number | Secondary Phone Number |
| Second Contact Name | Primary Phone Number | Secondary Phone Number |

### Corporation, LLC, or Partnership Information:

(Required only when the owner is a corporation, LLC, or partnership)

|  |                              |               |          |
|--|------------------------------|---------------|----------|
| Registered Agent or Managing Partner   | Michigan Registration Number |               |          |
| Mailing Address  | City                         | State         | Zip Code |
| Primary Phone  | Secondary Phone              | Email Address |          |
| <b>On a separate sheet provide the name, complete address, phone number of all officers of the corporation, members of the LLC, or partners of the partnership. If the above entity is owned, in whole or part, by another entity all of the above information, including officers, members, partners, must be provided for the parent entity.</b> |                              |               |          |

Please see second page

**Apartment Complex Information**

*(Required only when the property being registered is an apartment complex)*

|   |                           |                                |
|---|---------------------------|--------------------------------|
| Complex Name  | Total Number of Buildings | Total Number of Dwelling Units |
| Management Company Name   | Primary Contact Name      |                                |
| Mailing Address   | City                      | State      Zip Code            |
| Primary Phone   | Secondary Phone           | Email Address                  |
| <p style="color: red; margin: 0;"><b>If the owner does not manage the apartment complex, the Authorized Property Agent Registration Form must be completed.</b></p> |                           |                                |

**Unit Information**

*(Single-family properties & complexes)*

| Address | Apartment Number | Building Number | Floor Number | Number of Bedrooms | Barrier Free Yes/No |
|---------|------------------|-----------------|--------------|--------------------|---------------------|
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |
|         |                  |                 |              |                    |                     |