

(If Applicable)

Mailing Address: _____

(PO Box Not Accepted)

Phones: Day (____) ____ - ____ Ext: _____ Evening (____) ____ - ____ Ext: _____

Emergency (____) ____ - ____ Ext: _____ Cell (____) ____ - ____ Ext: _____

Email: _____ @ _____

Agents(s) Name(s): _____

(If different than Owner)

Business Name: _____

(If Applicable)

Mailing Address: _____

(PO Box Not Accepted)

Phones: Day (____) ____ - ____ Ext: _____ Evening (____) ____ - ____ Ext: _____

Emergency (____) ____ - ____ Ext: _____ Cell (____) ____ - ____ Ext: _____

Email: _____ @ _____

Send Correspondence / Billings to: Owner Agent Contact for Inspection Appointment: Owner Agent

PLEASE SEND FEES WITH THIS APPLICATION

Make checks payable to: City of Eaton Rapids

Program Fee: \$75.00 X Number of Units _____
(includes registration and inspection)

Change of Owner Fee: \$25.00

TOTAL AMOUNT DUE: _____

I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.

Printed Name of Owner or Agent: _____

Signature of Owner or Agent: _____