



RESIDENTIAL REGISTERED RENTAL PROGRAM

PROPERTY MAINTENANCE AND DEVELOPMENT SERVICES DEPARTMENT

Contact Information

I. PROPERTY INFORMATION

PROPERTY ADDRESS: _____ **DEARBORN, MICHIGAN 4812**__

II. PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

III. REPRESENTATIVE INFORMATION (if different from property owner)

NAME: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

IV. AUTHORIZATION

By completing and submitting this form, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

OP-088-11-R1