

City of Reed City

Rental Registration Form



Property Information

- Rental Property Address: _____

Landlord Contact Information

- Landlord/Property Manager Name: _____
- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____
- 24-Hour Emergency Contact: _____

Tenant Information

- Adult Tenants (Full Names): _____
- Number of Residents (Including Children): _____

Contact Information for Adult Tenants

- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____
- Secondary Email Address: _____

Utility Payment Responsibility – Circle one

- | | | |
|------------|--------|----------|
| • Water | Tenant | Landlord |
| • Gas | Tenant | Landlord |
| • Electric | Tenant | Landlord |

Review and initial move-in checklist on page 2 and sign bottom of page 2 to complete form.

Move-In Checklist

Required Confirmations (Initial Each Line)

- ____ Renter has received a copy of "A Practical Guide for Tenants and Landlords"
- ____ All smoke alarms and carbon monoxide detectors are working
- ____ All windows and doors are unbroken and function properly
- ____ All appliances and electrical systems are in proper working condition
- ____ Landlord emergency contact for 24-hour emergencies has been provided:
 - Emergency Contact Name: _____
 - Phone Number: _____

Signatures

Tenant Signature: _____ Date: _____

Landlord/Agent Signature: _____ Date: _____

City of Reed City Office Use

Date Received: _____

Registration Fee Received: _____

Received by: _____