Bloomingdale Township

SHORT TERM RENTAL

REGISTRATION FORM

#139-5-25

Property Address: _____

OWNER INFORMATION

Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

LOCAL AGENT (Owner or local agent MUST live within 30 minutes of property and be available 24 hours a day to respond to complaints)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

The short-term rental application must be completed & submitted with this form.

Bloomingdale Township

109 E. Kalamazoo St. Bloomingdale, MI 49026 (PO Box11)

269-521-3800 ext 3

Email: bdaletwp@bloomingdalecom.net