

Rental Housing Department 6676 Lake Michigan Drive, PO Box 539 Allendale MI 49401 (616)895-6295 Ext. 34

## Application for Certificate of Compliance

	Certificate	:#	
		(For office use only)	<del></del>
Date of Application:			
RENTAL PROPERTY INFORMAT	ΓΙΟΝ		
Street address of rental property			
Number of units within rental property			
Classification of rental property (ie: Apartm	nent, Condo, Duplex, House, Townhouse	)	
Yearly Application Fee: \$10.00 per unit *failure to pay on time will result in your C.O.			
OWNER INFORMATION			
Name of Registered Owner(s)			
Home Address			
City/State/Zip			
Home Phone Number	er Cell Phone Number		
Email Address			
RESPONSIBLE AGENT INFORMA	ATION (If applicable)		
Name of Agent			
Mailing Address			
City/State/Zip			
Phone Numbers Home:	Work:	Cell:	
Email Address			
Print Name	Signature		Date

<sup>\*\*</sup>Make checks payable to Allendale Charter Township