Rental Housing Department
*6676 Lake Michigan Drive PO Box 539*
*Allendale MI 49401*
*(616)895-6295 Ext. 1106*

# *Application for Certificate of Compliance*

Certificate No. _____
**(For Office Use Only)**

Application Date

## RENTAL PROPERTY INFORMATION

| |
|---|
| Street address of rental property: |
| Number of units within rental property: |
| Classification of rental property: (i.e.: Apartment, Condo, Duplex, House, Townhouse) Choose One |
| **Yearly Application Fee: $10.00/Unit due by March 31** Enter Total Fee being paid:<br>*failure to pay on time will result in your C.O.C. being revoked |

## OWNER INFORMATION

| | |
|---|---|
| Name of Registered Owner(s): | |
| Mailing Address: | |
| City/State/Zip: | |
| Home Phone Number: | Cell Phone Number: |
| Email Address: | |

## RESPONSIBLE AGENT INFO (If applicable) All correspondence will be directed to this address

| | | | |
|---|---|---|---|
| Name of Agent: | | | |
| Mailing Address: | | | |
| City/State/Zip: | | | |
| Phone Numbers | Home: | Work: | Cell: |
| Email Address: | | | |

Print Name Signature Date

**Make checks payable to Allendale Charter Township**
**Now accepting online Credit Card payments at www.allendale-twp.org**