

LANDLORD REGISTRATION APPLICATION

**CITY OF WAYNE
RENTAL DWELLINGS DIVISION
4001 S. WAYNE ROAD
WAYNE, MI 48184
(734) 728-9100 FAX: (734) 728-2159**

Application is hereby made for Landlord Registration for: (check one)

Single Family Dwelling _____ Duplex _____ Apartment _____ Condo _____

Number of Buildings _____ Number of Units _____

Location: _____

Owner Name _____

Owner Address: _____
Address City State Zip

Owner Telephone: _____
(Area Code)

Tenant Name: _____

Tenant Telephone: _____

Manager Name: _____

Manager Address: _____

Manager Telephone: _____

Complete the following only if the owner is a partnership or Corporation:

Name of principal owner: _____

Address: _____

Legal entity of owner (corporation, partnership, other: _____)

A COPY OF HOMEOWNER'S DRIVER LICENSE IS ALSO REQUIRED.