Rental Registration Form City of Manistee (Please Print)

Owner Name(s):		Daytime Phone #: ()			
Address:	Street City	t	Sta	ate Zip	Apt. Code
Caretaker/Contact Person: Address: Stree City		Daytime Phone #: ()			
Rental Address		Number of Units	· · · · · · · · · · · · · · · · · · ·		Notes
Example:	123 Street	3	Apt A, Apt B,	Apt C	Owner Occupies Apt A
Example: 123 Avenue		2	123 & 123	1/2	
Total Numb	er of Units	X \$10	.00 (<u>per unit fee</u>) = \$	Fee Enc	losed.
Return Form	including fee (payable to City of Manistee) to:		Rental Program/City of Manistee 70 Maple Street P.O. Box 358 Manistee, MI 49660	
If you have any questions, please call Mark Niesen at (231) 398-2806.				806.	Receipt # Date Registered: