

Business Name: _____
(If Applicable)

Mailing Address: _____
(PO Box Not Accepted)

Phones: Day (____) ____ - ____ Ext: _____ Evening (____) ____ - ____ Ext: _____

Emergency (____) ____ - ____ Ext: _____ Cell (____) ____ - ____ Ext: _____

Email: _____ @ _____

Agents(s) Name(s): _____
(If different than Owner)

Business Name: _____
(If Applicable)

Mailing Address: _____

Phones: Day (____) ____ - ____ Ext: _____ Evening (____) ____ - ____ Ext: _____

Emergency (____) ____ - ____ Ext: _____ Cell (____) ____ - ____ Ext: _____

Email: _____ @ _____

**If any of the above information changes, please contact the Code Compliance Office at 517-231-6242
cpriest@cityofeatonrapids.gov**

Send Correspondence / Billings to: Owner Agent Contact for Inspection Appointment: Owner Agent

**PLEASE SEND FEES WITH THIS APPLICATION
Make checks payable to: City of Eaton Rapids**

**Program Fee: \$150.00 X Number of Units _____
(Includes registration and inspection)**

TOTAL AMOUNT DUE: _____

I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.

Printed Name of Owner or Agent: _____

Signature of Owner or Agent: _____