



115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Date: \_\_\_\_\_

Permit: \_\_\_\_\_

## RENTAL APPLICATION – SINGLE FAMILY

Property address \_\_\_\_\_

Property ID \_\_\_\_\_

Owner's Name \_\_\_\_\_

If LLC President or Chief Executive Officer Name, phone number, address and drivers lic required.

Mailing address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Fees - Single Family Rental Unit \$200.00

TENANT NAME \_\_\_\_\_

TENANT PHONE # \_\_\_\_\_

I acknowledge that the information contained in this application is true. Per Village Ordinance, I understand that all rental properties located within the Village of Webberville are required to be registered every three years and failure to register would constitute a violation of Village Ordinances.

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_

*DO NOT WRITE BELOW LINE*

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*If needed, re-inspection fee of \$30.00*

Approved \_\_\_\_\_