



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

If needed, re-inspection fee of \$30.00

Approved _____