Village Clerk's Office: 989.872.2911 6506 Main St., Cass City, MI, 48726

www.casscity.org

Instructions:

- Complete a separate form for each location to be registered. Any future updates in mailing, contact, owner, controller or agent information must be submitted directly to the Clerk's Office or Online within 30 days.
- Applications can be submitted by mail, fax, Online or in person. Make checks payable to: Village of Cass City
- If a controller or local agent is designated, a written authorization signed by the owner must accompany the application.
- A statement describing the expected period of vacancy, a detailed plan for regular maintenance, and a time-line of reoccupancy, rehabilitation or demolition must be provided with the initial application and with annual renewal.
- Renewal payments are due each year by December 30th; there is a 100% penalty for late payments.
- If the property has become occupied or has been sold, you must contact the Clerk's Office.

Property Address:	Number of Units:		
Owner Information	Lender Information: The name(s) of lender(s) and/or possessory		
Should reflect exact name(s) and owner(s) of the property	lender(s) for the property.		
Name(s) and Owner(s)	Business Name		
1. 2.	Individual representing business		
A mailing address where mail may be sent that will be acknowledged as received by the owner. If certified mail/	Address		
return receipt requested is sent to the address and the mail is returned marked "refused" or "unclaimed" or if ordinary mail	State Zip		
sent to the address is returned for whatever reason, then	Phone number		
such occurrence shall be prima facie proof that the owner has failed to comply with this requirement.	email		
Mailing address	Local Agent Information: The name of an individual or legal entity responsible for the care and control of the property. Such individual may be the owner, if the owner is an individual, or may be someone other than the owner with whom he/she has contracted.		
City	Business Name		
State	Individual Agent's Name		
Email	Address		
Date of Birth			
Drivers	State Zip		
State License No.	Phone number		
Owner Agent *Check which box applies	Email		
Oath: I declare that the statements above are true to the best of my information, knowledge and	State of: County of:		
belief.	The foregoing document was acknowledged before me		
Date*Do not sign until presented for notarization.	this day of20 , Notary Public		
Signature	, wotary rabile		
Name/Title (Please print)	Commission Expires:		