City of Marquette Rubbish Drop Off Site - Rental Registration

**Landlord Information**
Name:__________________________________________________________
Address:________________________________ City: ______________________
State:_____________ Zip Code: ____________
Phone Number:___________________________________________________

Rental Address:_________________________________________Apt.: __________

I certify that all information provided is true to the best of my knowledge and that all people listed are actual tenants of the above listed property. (Please note that a separate form is needed for each apartment or rental unit.)

Signature:____________________ Date: __________

**Tenant Information**
Name:__________________________________________________________
Driver’s License: ______________________________________________

Name:__________________________________________________________
Driver’s License: ______________________________________________

Name:__________________________________________________________
Driver’s License: ______________________________________________

Name:__________________________________________________________
Driver’s License: ______________________________________________

Name:__________________________________________________________
Driver’s License: ______________________________________________

Form can be:
**Emailed:** pubworks@marquettemi.gov
**Faxed:** 906-228-0445
**Delivered:** Municipal Service Center, 1100 Wright St.