Parcel # ☐☐☐☐☐☐☐

City of Marquette
Short-term Rental Waiting List Request

General

1. Property address:_____ 2. Number of dwelling units: _____

3. Property Ownership Name: _____

4. Contact Person (if ownership is an LLC/Business/Trust, etc..)_____

5. Contact Address: _____ 6.City: _____ 7.State:_____ 8.Zip:_____

9. Phone (home):_____ 10.Cell:_____

11.Email:_____

I request that my property be placed on the short-term rental waiting list. I understand that this request only applies to the parcel number and owner listed and that only one request may be filed per parcel number. I also understand that this is not an application and should an opportunity to apply become available, I will be contacted at the address, phone, or email listed above and that I will need to submit a complete application and meet all requirements to be approved. I understand that any short-term advertising or use of this property is prohibited and subject to citation.

12. Signature of owner(s) **(required):**_____13.Date:_____

Submit Form to: Marquette City Fire Dept.-Rental Program, 418 S. Third St., Marquette, MI 49855

Questions? Contact: Teresa Locknane, Admin. Assistant 906-225-8596

Fire Department Date Received:_____ Time: _____ Initials:_____

Ownership matches applicant: YES NO Placed on Waiting List: YES NO

OFFICE USE ONLY

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