

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: publicworks@marquettemi.gov

Faxed: 906-228-0445

Delivered: Municipal Service Center, 1100 Wright St.