

# FORSYTH TOWNSHIP

Joseph Boogren, Supervisor  
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Connie Heikkila, Trustee

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## SHORT-TERM RENTAL APPLICATION

(File one for each property)

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### Rental Designation (see ordinance definition section):

Tourist home (owner in residence)       Vacation home (owner not in residence)

Address of Rental \_\_\_\_\_ Parcel #52-05-\_\_ - \_\_ - \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Maximum Number of Guests: \_\_\_\_\_

### Designated Local Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Sketch of the property indicating location of the dwelling, driveway, or other point of access. Such Sketch shall also include a sketch of the Short-Term Rental's floor plan including drawings of intended bedrooms.

Acknowledging the provisions of this ordinance and all applicable local and state laws.  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence that the applicant owns the property to be use as a Short-Term Rental and the property can be used for such purposes (such as a deed, a land contract, or lease) or that such an applicant has permission from an owner of the property to operate a Short-Term Rental. Contact information for designated local agent  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledge owner's receipt of good visitors' guidelines as prepared by the Zoning.  
Initial: \_\_\_\_\_ Date: \_\_\_\_\_