

VACANT RENTAL PROPERTY WORKSHEET

MARSHALL TOWNSHIP

LANDLORD INFORMATION	
YOUR NAME:	
YOUR STREET ADDRESS:	
YOUR CITY:	
YOUR STATE:	
YOUR ZIP CODE:	
YOUR DAY PHONE#:	
YOUR EVENING PHONE#:	
YOUR EMAIL ADDRESS:	
PURPOSE: (PLEASE CIRCLE ONE)	NEW REGISTRATIONS OR UPDATED INFORMATION
PROPERTY MANAGEMENT: (PLEASE CIRCLE ONE)	MANAGED BY OWNER OR MANAGED BY A LOCAL AGENT

PROPERTY INFORMATION	
HOUSE NUMBER:	
STREET:	
NUMBER OF OCCUPANTS:	0 1 2 3 4 5 6 OTHER: _____
VACANCY START DATE:	MONTH: DAY: YEAR:

LEASEHOLDER & TENANT FORWARDING INFORMATION	
LEASEHOLDER NAME:	
NEW STREET ADDRESS:	
NEW CITY:	
NEW STATE:	
NEW ZIP CODE:	
NEW DAY PHONE#:	
NEW EVENING PHONE#:	
CELL PHONE#:	
EMAIL ADDRESS:	