



CITY OF GRAND RAPIDS CPTED REGISTRATION FORM

This form is to be completed by the owner of the Property.

PROPERTY INFORMATION

1. Property Address		2. Zip	
3. Business Name			

BUSINESS OWNER INFORMATION

(all ownership information below must be completed)

1. Business Owner's Full Name					
If Corporation or Joint Ownership, give name of principal officer or Resident Agent including birth date and address of residence					
2. Business Name					
3. Address of Business Owner's Residence (cannot be a P.O. Box)	Number and street name (cannot be P.O. Box)				
	City			State	Zip
4. Business Owner's Birth Date	(mo/day/year)		5. Telephone	Home	() -
	/ /			Work	() -
6. E-Mail Address				Mobile	() -
				Fax	() -
7. Mail Delivery Address (if different from residence)	Number and street name		City	State	Zip

PROPERTY OWNER INFORMATION

(complete if property owner is different from business owner)

1. Property Owners Name					
If Corporation or Joint Ownership, give name of principal officer or Resident Agent including birth date and address of residence					
2. Business Name					
3. Address of Property Owner's Residence (cannot be a P.O. Box)	Number and street name (cannot be P.O. Box)				
	City			State	Zip
4. Property Owner's Birth Date	(mo/day/year)		5. Telephone	Home	() -
	/ /			Work	() -
6. E-Mail Address				Mobile	() -
				Fax	() -
7. Mail Delivery Address (if different from residence)	Number and street name		City	State	Zip

SIGNATURE OF PERSON COMPLETING FORM REQUIRED BELOW

1. Printed Name			
2. Signature		3. Date	

RETURN SIGNED FORM TO PLANNING DEPARTMENT

1120 MONROE AVE NW, SUITE 300, GRAND RAPIDS MI 49503
arichard@grcity.us (FAX) (616) 456-3453 (TELEPHONE) (616) 456-3693