



City of Rochester

277 E. Second Street
Rochester, MI 48307
P: (248) 651-4470
F: (248) 651-4554
www.rochestermi.org

APARTMENT COMPLEX CHANGE OF OCCUPANCY FORM

Pursuant to Rochester City Code, Chapter 12, Article IX, Sections 251-261, owners of rental properties are required to inspect rental units at the time of initial registration as a rental property and at the time a rental unit is vacated by a tenant. After the inspection, this form must be filled out and submitted to the Rochester Fire Department before December 31, 2011 as an initial registration or before the rental unit is occupied by a new tenant. Please read the Property Inspection Checklist Guide for descriptions of each item to be inspected. If you have any questions, please contact the Rochester Fire Department Code Compliance Division at 248-651-4470 or fdcode@rochestermi.org. Completion of this form constitutes the owner's representation that all items have been inspected as required and that the information provided is accurate. Failure to comply with these requirements shall constitute a violation of Rochester City Code and may lead to the suspension of the certificate of occupancy for the rental property. Return this form to the Rochester Fire Department; fax 248-651-4554. If you have no Changes of Occupancy, please advise No Changes and still submit this form.

ADDRESS AND UNIT #	COMPLIANT	NOT COMPLIANT	FIRE DEPT. AUDIT	REMARKS

I certify under penalty of perjury the information contracted on this document is true and correct to the best of my knowledge. I have read the Property Inspection Checklist Guide and that the inspection was in compliance with the guide. I understand that the City of Rochester may conduct its own inspection of the rental property to verify the accuracy of the information I provided. I understand that if the statements made in this document are false or otherwise not accurate, I shall be in violation of the Rochester City Code. Further, the certificate of occupancy for the rental property may be suspended.

Signature: _____ Date: _____

Name (Printed): _____

Complex Name: _____