



## Short-Term Rental Registration 2026

7104 107<sup>th</sup> Ave., South Haven, MI 49090 Phone: 269-637-4441; email: deputyclerk@cascotownship.org

**Rental Site Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Parcel#: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

*owner or designated agent who is the 1<sup>st</sup> contact if there are issues at the property – must be within 45 min*

Contact's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact's Phone: Agent's Alt. Phone: \_\_\_\_\_

Contact's E-Mail Address: \_\_\_\_\_

Number of advertised bedrooms: \_\_\_\_\_

Advertised maximum occupancy: \_\_\_\_\_

Average length of rental stays: \_\_\_\_\_

Advertised number of  
parking spaces: \_\_\_\_\_

Rentals are advertised for these months: (circle all that apply):

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

## AFFIDAVIT

The signer(s) of this form does hereby state, warrant, certify and affirm the following:

- 1) Each dwelling unit will have an operating smoke detector in each bedroom and an operating carbon monoxide detector on each floor. These appliances will be maintained every ninety (90) days at a minimum.
- 2) I have liability coverage for the property (\$1,000,000 required)
- 3) I have provided a copy of the lease used to lease the dwelling with this registration form
- 4) If the dwelling is not serviced by public sewer, I will have a "Hook to Existing Inspection" by the Allegan County Health Dept. and provide a certificate showing a successful outcome, before it is renter occupied.
- 5) I consent to inspections of the dwelling unit by the township and will make the dwelling unit available for inspections upon request.
- 6) I'll provide renters with a copy of the township's *Good Neighbor Policy* and the *Short-Term Regulatory Ordinance*.
- 7) This registration form is accurate and complete.

Owner's Personal Name (printed): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*By signing above, the owner/agent of the dwelling unit certifies that the above statements are true. Statements found to be falsified on this application and affidavit will be grounds to revoke the rental permit.*

***Please submit completed form & Affidavit with \$375 registration fee to the address below:***

*Casco Township,  
Attn: Deputy Clerk,  
7104 107<sup>th</sup> Ave.  
South Haven, MI 49090*

NOTICE: The issuance of a certificate of registration shall in no way impact the zoning of the subject property and shall not prevent the Township from enforcing Zoning Ordinance regulations and limitations on said property, or any other applicable code of the township.