



# CITY OF FLAT ROCK

## DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134

Telephone (734)782-0445 Fax (734)783-0304

[www.flatrockmi.org](http://www.flatrockmi.org)

## Owner's Consent: Charitable Donation Bins

**Must be completed and signed by Owner of each location as recorded on City of Flat Rock tax records**

**Tenant signature is not acceptable**

### Applicant Information

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned, being the property owner, or the property owner's agent, hereby consents to the placement of the donation bin(s) on the following property.

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

Tax I.D. No.: \_\_\_\_\_

The undersigned further acknowledges that the owner, lessee, or other person or legal entity in control or lawful possession of the above-referenced property where the donation bin(s) is located, and the entity which owns, maintains, or operates the donation bin(s) shall be jointly and severally responsible for a municipal civil infraction for violation of the City of Flat Rock Ordinance No. 429, and specifically, Section 2.25 of Article 2.00 of the Flat Rock Zoning Ordinance.

The above named Applicant has advised that he/she is aware that compliance to all conditions of the City of Flat Rock Ordinance No. 429 is mandatory and is aware the permit must be renewed by April 1<sup>st</sup> of each year and is to be clearly displayed on each bin.

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date