

CITY OF MILWAUKEE  
DEPARTMENT OF NEIGHBORHOOD SERVICES  
Residential Rental Inspection Program  
4001 S. 6th St  
Milwaukee, WI 53221

December 28, 2009

[REDACTED]  
[REDACTED]  
[REDACTED]  
  
RE: [REDACTED]

The City of Milwaukee has recently passed a new ordinance that requires owners of rental properties in designated residential areas to apply for a residential rental certificate for each rental unit. The purpose of the ordinance is to help stabilize the rental housing in these areas. According to our records, your property is in one of the designated areas.

Rental unit inspections will be performed by Department of Neighborhood Services (DNS) staff and scheduled by appointment. If the building also receives an annual fire prevention inspection (building is a mixed use or has 3 or more residential units), it will be performed at the same time. Inspectors will check for property maintenance and zoning code violations.

A residential rental certificate will be issued and shall be valid for 4 years from the initial inspection date provided the inspection finds no disqualifying violations at the property. If disqualifying but non-life threatening violations are found, then a temporary certificate will be issued by the department until the violations have been corrected. Once the violations have been corrected, a one year certificate will be issued based on the initial inspection date.

Your inspection date and time is: Friday March 19, 2010 at 1:35 pm. If you are unable to make this appointment, please call 414-286-2268 at least 30 days prior to the scheduled date to request a different date. You as the property owner are required to properly notify your tenants in advance that on the appointment date an inspection of their unit will be made. You are also required to post a notice of the inspection date on each unit door 2 days in advance of the inspection date.

If your building has less than 10 rental units, DNS will be inspecting every unit in the building. If your building has 10 or more units, DNS will inspect a random sampling of the units. The building owner or their representative should be prepared to provide access to all residential rental units within the building. The cost for the RRI inspection is \$85 per inspected unit. You will be notified of the total inspection cost for your building after the initial inspection is conducted.

For more information on this program, see <http://www.city.milwaukee.gov/dns/rri> for a list of Frequently Asked Questions, and see <http://www.city.milwaukee.gov/dns/rri/checklist> for a pre-inspection checklist that will help prepare you for the RRI inspection. If you do not have access to the internet, please call 414-286-2268 for copies to be mailed to you.

A Residential Rental Certificate Application is enclosed. Please complete and return it by January 30, 2010 to:

City of Milwaukee-DNS  
Residential Rental Inspection Program  
4001 S. 6th Street  
Milwaukee, WI 53221

Recipients:  
[REDACTED]



## Residential Rental Certificate Application Department of Neighborhood Services

Please use a separate application for each property (taxkey).

Provide the following information for each unit in each building on the property.

Building Address	Building Number or Name if applicable	Define Unit by name, number or location. Example: 1, 2, by A, B, C, 1st Fl., Unit B, lower front upper rear, etc.	Current Number of Occupants	Current Number of Leases or Rental Agreements	Code Violations	DNS Dept. Use Only
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	Certificate Type 1 = 1 Year 4 = 4 Year T = Temp N = None
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	
					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> T <input type="radio"/> N	

**Owner information:**

Name \_\_\_\_\_ Doing Business As \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day /Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_ Date of Birth for "Person Owners" \_\_\_\_-\_\_\_\_-\_\_\_\_

**Property Manager information (If the same as the owner check this box  and go to next section.)**

Person to provide access to interior of building and units for inspection.

Owner's Name \_\_\_\_\_ Doing Business As \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day /Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Person Signing \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

For help regarding the completion of this form call DNS at (414) 286-2268 or visit us on the web at:  
[www.city.milwaukee.gov/dns](http://www.city.milwaukee.gov/dns)