

# LYON TOWNSHIP

7851 W. Higgins Lake Dr.

Roscommon, MI 48653

Phone (989) 821-9694 - Fax (989) 821-5118

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

## STR - LICENSE REVOCATION NOTICE

### RENTAL UNIT INFORMATION:

Address of Property: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

### OWNER INFORMATION:

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

DBA (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

### LOCAL AGENT INFORMATION (If different from Owner):

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

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Reason for Revocation \_\_\_\_\_

\_\_\_\_\_  
The owner or their local agent may appeal this decision by making an application for a hearing before the Lyon Township Board within 14 days of this notice being served. Attach any additional supporting document to this form when submitted.

\_\_\_\_\_  
Short Term Rental Officer Signature

\_\_\_\_\_  
Date