

**RENTAL DIVISION**  
One City Square, Third Floor  
Warren, Michigan 48093-5289  
(586) 574-4633  
Fax (586) 574-4540  
www.cityofwarren.org

Please note: This form can be submitted at any time to the Rental Division. It does not need to accompany the application upon renewal date. Please be sure to submit a new Landlord/Tenant information form any time you occupy your property with new tenants.

To: Rental Property Owner

Dear Property Owner:

Starting April 1, 2009 the **Rental Division** is requiring that all rental property owners complete the attached landlord/tenant information form. This form will allow the rental inspectors to issue the violation and/or ticket to the **tenants** for any violation(s) that they may have caused on your rental property or the landlord will be issued the ticket. **Please be sure that the tenant information is completed in full.**

Please contact the office immediately when tenant information changes. We must keep current records on tenants so tickets are not issued against a previous tenant.

**Failure to provide such information could result in a ticket issued to you for any violations.**

If you have any questions or concerns, please contact the Rental Division at 586-574-4633.

Your prompt attention and cooperation is appreciated.

Sincerely,



Greg Paliczuk  
Director of Property Maintenance

**LANDLORD/TENANT INFORMATION**  
**CITY OF WARREN**  
**ONE CITY SQUARE, WARREN, MICHIGAN 48093**  
**ATTN: RENTAL DIVISION**  
Phone: 586-574-4633 Fax: 586-574-4540

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Rental Address: \_\_\_\_\_  
(PRINT OR TYPE)

Permanent Parcel No. \_\_\_\_\_

Owner: \_\_\_\_\_  
NAME (PRINT OR TYPE)

Home Phone: \_\_\_\_\_

Owner's  
Address: \_\_\_\_\_  
STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX)

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP (PRINT OR TYPE)

Cell Phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Michigan ID# \_\_\_\_\_

**NO PERSON SHALL KNOWINGLY MAKE ANY FALSE STATEMENT OR PROVIDE ANY FALSE INFORMATION ON A RENTAL LICENSE APPLICATION TO ANY EMPLOYEE OF THE CITY OF WARREN OR OTHER AUTHORIZED PERSON IN RELATION TO ANY INVESTIGATION**

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Owners D.O.B. \_\_\_\_\_

**All dogs four (4) months or older must be licensed with the City of Warren. Limit of 3 dogs per household.**

Tenant: \_\_\_\_\_  
NAME (PRINT OR TYPE)

Home Phone: \_\_\_\_\_

Tenant  
Address: \_\_\_\_\_  
STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX)

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP (PRINT OR TYPE)

Cell Phone: \_\_\_\_\_

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Driver's License # \_\_\_\_\_ Michigan ID# \_\_\_\_\_

Tenants D.O.B. \_\_\_\_\_

\_\_\_\_\_  
Tenant Signature  
word: tenant information form

\_\_\_\_\_  
Date