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

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.

Rental Address:_____ Permanent Parcel No._____
(PRINT OR TYPE)

Owner:_____ Home Phone:_____
NAME (PRINT OR TYPE)

Owner's
Address:_____ Work Phone:_____
STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX)

_____ Cell Phone:_____
CITY, STATE, ZIP (PRINT OR TYPE)

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

Owner's Signature:_____Date:_____Owner's 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:_____ Home Phone:_____
NAME (PRINT OR TYPE)

Tenant
Address:_____ Work Phone:_____
STREET (PRINT OR TYPE) (DO NOT USE P.O. BOX)

_____ Cell Phone:_____
CITY, STATE, ZIP (PRINT OR TYPE)

Driver's License #_____ Michigan ID#_____

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Tenant Signature:_____Date:_____Tenant's D.O.B._____