

RENTAL INSPECTIONS DIVISION

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

Please note: This form must be submitted to the Rental Inspections Division. It does 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 Inspections 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 Inspections 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 INSPECTIONS DIVISION
Phone: 586-574-4633 Fax: 586-574-4540

Please note: This form must be submitted to the Rental Division. It does 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: _____
(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)

CITY, STATE, ZIP (PRINT OR TYPE)

Work Phone: _____

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)

CITY, STATE, ZIP (PRINT OR TYPE)

Work Phone: _____

Cell Phone: _____

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Driver's License # _____ Michigan ID# _____

Tenants D.O.B. _____

Tenant Signature
word: tenant information form

Date