

**RETURN OF RENTAL APPLICATION  
APPEAL FORM**

**City of Warren**  
One City Square,  
Warren, Michigan 48093

**PROPERTY INFORMATION**

**Address:** \_\_\_\_\_ **Parcel No.:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Title and Company:** \_\_\_\_\_

**Phone (work):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**INSPECTION INFORMATION**

**Date of Application:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_

**Reason(s) for return (stated on return checklist :** \_\_\_\_\_

**APPEAL**

**State basis for appeal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Application, I am verifying the information provided is, to the best of my knowledge, accurate and I am the property owner, the property owner's agent, or have some other authority to submit this appeal application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_