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: __________________________