



FORM B – TENANT INFORMATION

City of Warren

Rental Inspections Division
Third Floor
One City Square,
Warren, Michigan 48093

PROPERTY INFORMATION

Rental Address: _____ Parcel No.: _____

TENANT INFORMATION

Unless required by law, or ordered to do so by a court or government agency, the City will not release private information provided on this form, including date of birth.

1. Tenant name: _____ Date of Birth: _____

Phone (primary): _____

2. Tenant name: _____ Date of Birth: _____

Phone (primary): _____

3. Tenant name: _____ Date of Birth: _____

Phone (primary): _____

4. Tenant name: _____ Date of Birth: _____

Phone (primary): _____

This form or updated form must be submitted to the City of Warren Rental Inspections Division within seven days of a tenant taking possession of the premises. A new Form B must be submitted with each application.

Owner/Applicant Signature: _____ **Date:** _____

Printed Name: _____

Company and title: _____