



**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): \_\_\_\_\_

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2. Tenant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (primary): \_\_\_\_\_

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3. Tenant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (primary): \_\_\_\_\_

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4. Tenant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (primary): \_\_\_\_\_

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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: \_\_\_\_\_