



FORM A - OWNER INFORMATION

City of Warren

Rental Inspections Division
Third Floor

One City Square,
Warren, Michigan 48093
586-574-4633 Fax: 586-574-4540

PROPERTY INFORMATION

Rental Address: _____ Parcel No.: _____

ENTITY INFORMATION

List the following entity information:

- For sole proprietor – the proprietor
- For trusts – responsible beneficiary
- For a partnership and limited liability partnerships – responsible partner
- For a limited liability company – responsible member or manager
- For a corporation – responsible corporate officer or director

Name (individual): _____

LAST FIRST MIDDLE INITIAL

Title (i.e. partner, member etc.): _____

Address: _____ City: _____ State/Country: _____ Zip Code: _____

Phone (primary): _____ (work): _____

Signature _____

A new Form A must be submitted with each application.

Applicant/Owner Signature: _____

Date: _____

Printed Name: _____

Company and title: _____

