

**CITY OF HARPER WOODS  
BUILDING DEPARTMENT  
19617 HARPER AVENUE  
HARPER WOODS, MI 48225**

**PHONE:** 313-343-2527 **FAX:** 313-642-6825 **E-MAIL:** BUILDING@HARPERWOODSMI.NET

DATE: \_\_\_\_\_ RENTAL# \_\_\_\_\_

RENTAL ADDRESS: \_\_\_\_\_

\*\*\*\*DATE OF OCCUPANCY FOR THIS TENANT \_\_\_\_\_

OWNER DATA : (PLEASE PRINT)

PROPERTY OWNER \_\_\_\_\_

PROPERTY AGENT (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

(PER CITY ORDINANCE...CANNOT USE PO BOX FOR ADDRESS)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RENTER DATA: (PLEASE PRINT)

NAME OF RENTER: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_

\*\*\*\*\*INCOMPLETE FORM WILL BE RETURNED TO OWNER\*\*\*\*\*

FEE: \$10.00