



CITY HALL, FINANCE DEPARTMENT, 200 H STREET, corner of 3rd & H Street, Antioch, Ca 94509
Telephone: 925.779.7060 Fax: 925.779.7054 customer-service@ci.antioch.ca.us

VERIFICATION OF TENANCY FORM

*****OWNER OR AUTHORIZED PROPERTY MANAGER IS REQUIRED TO COMPLETE THIS FORM IN ITS ENTIRETY*****
*****A BUSINESS LICENSE IS REQUIRED FOR ALL RESIDENTIAL LANDLORDS & PROPERTY MANAGEMENT COMPANIES*****

SERVICE ADDRESS: _____

Tenant/Co-tenant Name(s): _____

Beginning Date of Occupancy: _____

Property Management/Leasing Agent Name: _____

Agent Signature: _____

Please be advised, a valid Property Management Agreement must be on file with the City of Antioch

Owner Name: _____

Mailing Address: _____

Telephone Number: _____

Owner Signature: _____

I, the property owner/authorized property manager, confirm the above information to be true and correct and authorize the above tenant's occupancy. (Note: *Proof of ownership may be required if owner's name is not verifiable on County records.*)

NOTARY ACKNOWLEDGEMENT

If the property owner does not come to City Hall to verify ownership, the property owner's signature must be notarized.

State of: _____ County of: _____ On this, the _____ day of _____, 20____ before me, _____, a notary public, and the

(Insert name & title of officer)

undersigned Officer, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity/ies, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official Seal.

Signature: _____

My commission expires: _____

Notary Name: _____

Notary Phone Number: _____

Notary Registration number: _____

County of Principal Place of Business: _____

Place seal above: ↑