

CITY HALL, FINANCE DEPARTMENT, 200 H STREET, corner of 3<sup>rd</sup> & H Street, Antioch, Ca 94509 Telephone: 925.779.7060 Fax: 925.779.7054 CS@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	: <u> </u>		
Agent Signature:			
Please be advised, a valid Property Management Ag			
Owner Name:			
Mailing Address:			
Telephone Number:			
Owner Signature:	gar confirm the above	information to be true and correct and	
above tenant's occupancy. (Note: <i>Proof of owne.</i>			
Tenant Acknowledgement:			
I hereby acknowledge the following:			
<ul> <li>I request water service at the premis Water/Sewer Ordinance and Master</li> </ul>	-		y the City's
• I shall be responsible for all water ser	rvice usage and servic	e charges relating to this service add	dress until the
date I notify the City of Antioch for th	ne discontinuation of t	hese services.	
<ul> <li>That a minimum deposit of \$186 will with valid government ID.</li> </ul>	be required for water	service, as well as a Water Setup fe	e of \$30, along
Tenant Signature:		Date:	
***	NOTARY ACKNOWLED	GEMENT***	
If the property owner does not come to City Ha	II to verify ownership, t	he property owner's signature must b	e notarized.
State of:, 20 before me,(Insert r	County of:	On this, the	day of
, 20 before me,	O title of officer)	_, a notary public, and the	
undersigned Officer, personally appeared	name & title of officer)	who proved to me on	the basis of
undersigned Officer, personally appearedsatisfactory evidence to be the person(s) whose	name(s) is/are subscrib	ed to the within instrument and acknow	wledged to me
that he/she/they executed the same in his/her/t instrument the person(s), or the entity upon beh	their authorized capacity	y/ies, and that by his/her/their signatur	
I certify under the PENALTY OF PERJURY under the correct.	ne laws of the State of C	alifornia that the foregoing paragraph i	is true and
Witness my hand and official Seal.			
Signature:		_	
My commission expires:			
Notary Phone Number:		-	
Notary Phone Number: Notary Registration number:		_	
County of Principal Place of Business:			
		_	

Place seal above: 个