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 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: ↑