



Water/Finance Department

200 H Street, Antioch California 94509

Telephone: (925) 779-7060 Fax: (925)779-7054 Email: [Service@antiochca.gov](mailto:Service@antiochca.gov)

## 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: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Property Management/Leasing Agent Name: \_\_\_\_\_

Do you have a Valid Business License with the City of Antioch? ☐ YES ☐ NO

You may submit this form via email, fax, or in person with a valid Government issued I.D. or Property Management Agreement.

### \*\*\*NOTARY ACKNOWLEDGEMENT\*\*\*

If the property owner does not provide a Valid Government issued I.D. to verify ownership, the property owner's signature must be notarized.

State of: \_\_\_\_\_ County of: \_\_\_\_\_ On this day: \_\_\_\_\_ before me, \_\_\_\_\_  
(Insert name & title of officer)

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: \_\_\_\_\_

### ACKNOWLEDGEMENT:

Place Seal Above 

❖ 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.

\*Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_