



City of West Burlington

122 Broadway Street | West Burlington, Iowa | 52655

TENANT/PROPERTY MANAGEMENT AUTHORIZATION

A copy of the lease agreement or completion of this authorization form is necessary for making occupancy changes to rental properties.

I, _____, legal owner(s) of the property located at:

Service Address: _____, West Burlington, IA 52655, hereby

authorizes the following tenant(s) to live at the stated West Burlington, Iowa, property.

Tenant(s) First & Last Name:	
1)	
2)	
3)	
First & Last Name of Adults Occupants (over 17 years old) authorized to live at the location (other than tenants):	
1)	
2)	
3)	
4)	
Authorized Date of Occupancy:	WB Rental Permit Number:

Property Owner(s) Billing Name (LLC, etc.):
Property Owner(s) Mailing Address (Street, City, State, Zip) :
Property Owner(s) Telephone:
Property Owner(s) Email:

The undersigned represents that he or she is the owner of record of the property identified above and authorizes the named Tenant(s) to reside at the property.

Owner/Landlord Signature:	
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Date:	
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