

YEA	R:	20	
	717.	40	

Please complete the form to update tenant information **only**; mail or bring form to:
Inspections Department located at: 5925 Calumet Avenue Ground Level, Hammond, IN 46320
One Address per Form

Rental Property Address		Number	Street Name				Type	Zip Code		
		(Example: 5925)		Calumet			Ave.	46320		
Owner Name (Complete One)		Company (Owner)	Company							
			Name							
			Contact Name							
		Individual(s) (Owner)	Last Name							
			First Name							
Property Owner Contact Info (No P.O. Boxes or		r Address								
		J								
	Management Addresses)	Zip								
·		Phone Number			Alt. Pho	ne				
	TT '4		TENANT	INFORMAT	TION		<u> </u>	NI 1 C		
	Unit Number	Last Nan	ne	First Name	e	Phone N	lumber	Number of Bedrooms		
1	TVGITTOGT							Beardonis		
2										
3										
4										
5										
6										
7										
8										
9										
10										
12										
13										
14										
15										
		By signing below, applicant swears all information provided on application is true to the best of their								
Applicant's		knowledge, also that entire application was read and understood.								
Si	gnature	XDate								
		XDate								