Finance Department |Revenue Division
34009 Alvarado-Niles Road
Union City, CA 94587
Phone: 510-675-5312 | *Fax*: 510-489-5074
E-mail: Biz-License@UnionCity.Org
City Website: www.UnionCity.Org

Residential Rental Renewal Supplemental Form

Official City Use Only
Account Number: _____

*Completion of this form is **REQUIRED**. Please provide the requested information below for all rental addresses in Union City. Be sure to submit this form and with your business license renewal notice.*

RENTAL PROPERTY OWNER INFORMATION

Property Owner Name: _____

Phone Number: _____ **E-Mail:** _____

Total Number of Rental Units Owned in Union City (REQUIRED): _____

RENTAL ADDRESSES

Complete for all rental properties located in Union City (REQUIRED). Attach additional sheets if necessary.

	Rental Address (#, Street, Suite/Apt)	***# of Units***
Rental Address 1		
Rental Address 2		
Rental Address 3		
Rental Address 4		
Rental Address 5		
Rental Address 6		
Rental Address 7		
Rental Address 8		
Rental Address 9		
Rental Address 10		
Rental Address 11		
Rental Address 12		
Rental Address 13		
Rental Address 14		
Rental Address 15		
Rental Address 16		
Rental Address 17		
Rental Address 18		

PROPERTY MANAGER (if applicable)

1. **Property Management Company Name (*if applicable*):** _____
2. **Property Manager Name:** _____
3. **Address (#, Street, Suite/Apt):** _____
4. **City, State, ZIP:** _____
5. **Phone #:** _____
6. **E-Mail Address:** _____

Pursuant to Chapter 5.50, "Residential Landlord and Tenant Relations", of the Union City Municipal Code, no landlord may terminate a residential tenancy without demonstrating that the landlord possesses a valid business license and has registered the rental unit with the City. Therefore, it is important that you list ALL residential units you rent within Union City. For additional information regarding rental requirements in Union City, please visit www.unioncity.org/rent-requirements

I declare under penalty of perjury, that to the best of my knowledge, all information contained on this supplemental form is true and complete.

Signature of Owner or Authorized Agent _____ **Printed Name and Title** _____ **Date** _____