

2017 TENANT REGISTRATION FORM ATGLEN BOROUGH

Property Owner:
Property Address :

Include information for each resident - including any resident 18 years and older (if not a college student.)

If additional space is needed, please make a copy. Thank you.

Unit # _____

Tenant Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Lease Dates: _____

Unit # _____

Tenant Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Lease Dates: _____

Unit # _____

Tenant Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Lease Dates: _____

I CERTIFY TO THE CORRECTNESS OF THE ABOVE INFORMATION AS SUBMITTED.

Property Owner Signature Date

Print Name Phone Email Address