

2018 TENANT REGISTRATION FORM ATGLEN BOROUGH

Property Owner: _____

Property Address : _____

Contact Information for Owner:

Address : _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email:: _____

Local Agent/Management Company (if applicable):

Address: _____

Phone: _____

Email: _____

Total Number of Rental Units _____

**Include contact information for each tenant and names of all occupants; designate as an adult or minor.
Indicate if a unit is vacant.**

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

I CERTIFY TO THE CORRECTNESS OF THIS INFORMATION AS SUBMITTED.

Property Owner Signature Date

Print Name

For Office Use Only:
Date Received _____

Atglen Borough
Tenant Information for _____
(Street Address)

Unit _____ (Make a sheet for each unit)

Tenant Name: _____

Mailing Address: _____
(include P O Box # if applicable)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Lease Dates: _____

Occupant Name: _____

Cell Phone: _____

Is the occupant a minor? _____ Yes _____ No

Occupant Name: _____

Cell Phone: _____

Is the occupant a minor? _____ Yes _____ No

Occupant Name: _____

Cell Phone: _____

Is the occupant a minor? _____ Yes _____ No

Occupant Name: _____

Cell Phone: _____

Is the occupant a minor? _____ Yes _____ No