

ATGLEN BOROUGH 2025 TENANT REGISTRATION FORM

Landlord Information

Property Owner: _____

Property Address : _____

Total Number of Rental Units _____

Contact Information for Owner:

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Local Agent/Management Company (if applicable):

Name/Address: _____

Phone: _____

Email: _____

I CERTIFY TO THE CORRECTNESS OF THIS INFORMATION AS SUBMITTED.

Property Owner Signature

Date

Tenant Information
(Complete a separate sheet for each rental unit.)

Address: _____

Unit # _____

Tenant Name(s): _____

Mailing Address: _____
(include PO Box # if applicable)

Home Phone: _____

Cell Phone: _____

Email Address: _____

Lease Dates: _____

Other occupants in unit:

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