

**2019 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:

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

<b>For Office Use Only:</b>
<b>Date Received</b> _____

Atglen Borough

Tenant Information for \_\_\_\_\_

Date: \_\_\_\_\_

Unit # \_\_\_\_\_ (Make a separate 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

Occupant Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is the occupant a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No