

# TENANT REGISTRATION FORM

BOROUGH OF NEWVILLE  
4 WEST STREET  
NEWVILLE PA 17241



Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

\_\_\_\_\_

List Names of All Tenants, Including Children, Living in the Above Unit.

NAME	ADULT OR CHILD	DATE OCCUPIED
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List Names of Tenants, Including Children, Who Have Vacated the Unit.

NAME	ADULT OR CHILD	DATE VACATED
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PROPERTY OWNERS ARE REQUIRED TO COMPLETE A NEW REGISTRATION FORM WITHIN THIRTY (30) DAYS OF ANY CHANGE IN OCCUPANCY.

Signature \_\_\_\_\_ Date \_\_\_\_\_