

BRIDGEVILLE BOROUGH ANNUAL TENANT REGISTRATION REPORTS

REGISTRATION FORM

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NO.: _____

A separate form must be used for each building address registration.

PROPERTY ADDRESS: _____

APARTMENTS: Yes or No COMMERCIAL: Yes or No (Please circle yes or no)

MOVE IN DATE: _____ DATE VACANT: _____

Tenant Name	Tenant Address	Occu- pants	Vacant Y/N	Moved date	Employer	Employers Address

AFFIRMATION

I hereby certify under the penalties provided by law that all statements made hereon are to the best of my knowledge and belief, true, correct and complete.

DATE: _____ NAME (print): _____

SIGNATURE: _____