RESIDENTIAL RENTAL REGISTRATION FORM
Per Ordinance 2006-6,
Copy, of which is on file at the Dillsburg Borough Office

Property Location: _____

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____ Fax #: _____

E-mail address: _____

Number of Units at this location: _____ Type of Heat: _____

Tenants Names and Apartment/House Numbers (Full names of **ALL** Tenants 18-years & older)

Completed and correct information is Required!

#1 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box)_____

Occupant Apartment/House #: _____Occupant Phone #: _____

Email Address: _____

#2 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box)_____

Occupant Apartment/House #: _____Occupant Phone #: _____

Email Address: _____

#3 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box)_____

Occupant Apartment/House #: _____Occupant Phone #: _____

Email Address: _____

#4 Occupant Name: _____

Mailing Address (if other than property location ie. PO Box)_____

Occupant Apartment/House #: _____Occupant Phone #: _____

Email Address: _____

For additional occupants – Please use separate sheet

Any Handicap or Special needs persons reside on the property? _____

Registration fee must be paid at time of registration.

Amount Paid: $_____ Check # _____

Signature of Owner: _____ Date: _____

MAIL To: Dillsburg Borough Office, 233 S. Chestnut Street, Dillsburg, PA 17019