

# Borough of Stockertown Tenant Registration Form

Landlord: \_\_\_\_\_ Landlord Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Tenant's telephone number(s): \_\_\_\_\_

Tenant E-Mail Address \_\_\_\_\_

Date of Tenancy: \_\_\_\_\_ Expected duration (lease length): \_\_\_\_\_

Tenant Name(s)	Tenant Employer and address for EIT purposes	Tenant Occupation

Number of occupants: \_\_\_\_\_

Tenant(s) advised to open P.O. Box:  Yes  No  N/A

Please provide tenant's mailing address: \_\_\_\_\_  
**(Including P.O. Box)**

For Emergency Management purposes **only**, please list any special needs by tenants, (i.e. uses medical oxygen, wheelchair, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* One form per rental unit is required for submission. Please feel free to copy this form as necessary.**