

Borough of Stockertown Tenant Registration Form

Landlord: _____

Physical Address: _____

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.