

# RESIDENTIAL REGISTRATION UPDATE

Per Ordinance 2006-6,

## MUST BE FILED WITHIN 30 DAYS OF LEASING, LETTING, OR RENTING

Address of Residential Unit: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **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 #: \_\_\_\_\_

#2 Occupant Name: \_\_\_\_\_

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

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

#3 Occupant Name: \_\_\_\_\_

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

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

#4 Occupant Name: \_\_\_\_\_

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

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

\*For additional occupants – Please use separate sheet\*

Any Handicap or Special needs persons reside on the property? \_\_\_\_\_

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## ***INFORMATION MUST BE PROVIDED***

**\*\*\*\*\*Previous Tenant (s) name and forwarding address: \*\*\*\*\***

Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

MAIL To: Dillsburg Borough Office, 151 S. Baltimore Street, Dillsburg, PA 17019