

FRANKLIN TOWNSHIP
TENANT REGISTRATION

Property Owner Information:

Owner Name: _____

Mailing Address: _____

Phone: (_____) _____

Address of Property Subject to Registration: _____

Number of Units: _____ Tax Parcel # _____

Tenant Information:

Tenant #1

Address: _____

Total Number of Occupants: _____

Number of Occupants over Eighteen (18): _____

Name(s) of occupants over eighteen (18) : _____

Tenant #2

Address: _____

Total Number of Occupants: _____

Number of Occupants over Eighteen (18): _____

Name(s) of occupants over eighteen (18) : _____

NOTE: Attach additional sheets, if necessary.

I CERTIFY THAT THE ABOVE INFORMATION AND THE INFORMATION CONTAINED ON THE ATTACHED SHEETS (IF ANY) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND I MAKE THIS VERIFICATION UNDER THE PENALTIES OF 18 PA.C.S.A. RELATING TO UNSWORN FALSIFICATION TO GOVERNMENT AUTHORITIES.

Owner/Registrant

Date