

RESIDENTIAL RENTAL REGISTRATION FORM

Per Ordinance No. 81-1989

Copy, of which is on file at the Carroll Township Office

Property Location: _____

Name of Owner: _____

Address of Owner: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Cell Phone #:** _____

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

Tenants Names and Apartment Numbers (Full names of ALL Tenants)

Completed and correct information is Required

1 Occupant Name: _____

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

Occupant Apartment #: _____ **Occupant Phone #:** _____

2 Occupant Name: _____

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

Occupant Apartment #: _____ **Occupant Phone #:** _____

3 Occupant Name: _____

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

Occupant Apartment #: _____ **Occupant Phone #:** _____

4 Occupant Name: _____

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

Occupant Apartment #: _____ **Occupant Phone #:** _____

*** For additional occupants — Please use separate sheet ***

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

Signature of Owner: _____ **Date:** _____

MAIL TO: Madeline Harbold, Tax Collector, 523 S. Baltimore Street, Dillsburg, PA 17019