



BOROUGH OF HATFIELD

RESIDENTIAL RENTAL REGISTRATION FORM

A SEPARATE RESIDENTIAL RENTAL REGISTRATION FORM MUST BE COMPLETED FOR EACH INDIVIDUAL RESIDENTIAL RENTAL UNIT

PROPERTY INFORMATION

Property Name: _____

Property Address: _____

OWNER INFORMATION

Owner Name: _____

Owner Phone Number: _____

Owner Address: _____

PRIMARY CONTACT INFORMATION (WITHIN 10 MILES OF PROPERTY)

Primary Contact Name: _____

Primary Contact Address: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

TENANT INFORMATION

Tenant Name(s): _____

Unit Number: _____

Tenant Phone Number: _____

Lease Start Date: _____

CERTIFICATION

I hereby certify that the information provided above is accurate and complete to the best of my knowledge.

Owner Signature: _____ (or Authorized Representative)

Date: _____