



ELIZABETHVILLE BOROUGH COUNCIL
P.O. BOX 578 ♦ ELIZABETHVILLE ♦ PA 17023-0578
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www.elizabethville.org

LANDLORD REPORT FORM

Elizabethville Borough ordinance: Chapter 11, Part 1 §A requires all landlord/property owners who lease/rent any properties in the Borough of Elizabethville to provide to the Borough the addresses of such rental/leased properties and the names and other information as required of ALL tenants occupying said rental units, and also to provide the Borough with any change in tenants as they occur. A complete copy of the ordinance is available from the Borough Secretary.

ADDRESS OF RENTAL UNIT _____ (APT #) _____
(APPARTMENT NUMBER MUST BE INCLUDED WHERE APPLICABLE)

LANDLORD INFORMATION

Name of Landlord _____
Address of Landlord _____
Phone Number _____ Email _____

FORMER TENANT INFORMATION

(Change must be reported within 10 days of change)

Name(s) of former occupant(s) _____
Forwarding Address _____
Date occupancy terminated _____

CURRENT TENANT INFORMATION

(All Changes **IN** or **OUT** must be reported within **10 days** of change)

It is important that you provide the **NAMES of EVERYONE** living in the unit.
Please see that your lease form includes this information.

NAME AND DATE OF BIRTH; ALL ADULTS AGE 18 & OLDER

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Complete Name & age of all minor children:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Mailing address for New Tenant _____ P.O. Box _____

Phone Number _____ Date of Occupancy _____ Lease Expires _____

THE INFORMATION REQUESTED ABOVE MUST BE PROVIDED IN FULL OR THE FORM WILL NOT BE ACCEPTED. Anyone living at this address who is not listed on this form causes a violation of the Ordinance and the landlord/owner could be prosecuted.

Signature of Landlord _____ Date _____

I attest that the above information is true and correct to the best of my knowledge.

Earlier versions of this form will not be accepted. This form may be duplicated.