Borough of Swissvale

TENANT REGISTRATION FORM

Property Address: _____ Usage: Comm. ☐ Res. ☐ Mixed ☐

Property Owner Name: _____

Owners Address: _____

Phone – Home: _____ Cell: _____ Fax: _____

Emergency or Management Contact: _____

Emergency or Management Contact: _____

Contact Phone (Day): _____ Emergency Phone: _____ Fax: _____

PROPERTY INFORMATION

Number of Units: _____ Owner Occupied: Yes ☐ No ☐ Date: _____

Unit #	Occupant Name	Occupation	Phone Number	Date Lease Signed	Lease Length