

**BIGLERVILLE BOROUGH COUNCIL
 33 MUSSELMAN AVENUE
 BIGLERVILLE, PA 17307
 (717) 677-9488 AND FAX NUMBER (717) 677-4027**

LANDLORD REPORT

In accordance with the terms of Ordinance #2-88 of the Borough of Biglerville, the following form must be filled out by all landlords within the Borough. This said form must be amended within 10 days upon any change of occupancy. **Can be faxed to 717-677-4027.** (Use a separate form for each property owned by you.)

Name of Rental Location: (Address): _____

Owner Name: _____

If Business is at this location: (Name & Description): _____

OUR OFFICE IS TRYING T REACH EVERYONE BY EMAIL WHEN POSSIBLE - PLEASE INCLUDE EMAIL ADDRESSES IF YOU HAVE THEM.

List of each unit #, names and ages of ALL TENANTS AND THEIR POST OFFICE BOX NUMBER AND TELEPHONE NUMBER

Unit #	Tenant Name(s) <i>(All people residing at this address)</i>	Tenant is to receive Sewer & Water Bill	Older Than 18 <i>(Check Box)</i>	P.O. Box & Zip Code	Phone Number & Email Address
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Would like Sewer/Water Bill mailed directly to the tenant? Yes No

Landlord: _____

Address of Landlord: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Tenant's Previous Address: _____