

BOROUGH OF TREMONT

139 Clay Street * Suite 1 * Tremont * Pennsylvania * 17981

Phone (570) 695-2199 * Fax (570) 695-2232 * E-mail: boroughoffice@tremontborough.org

NOTICE OF RESIDENTIAL OCCUPANCY

1. PROPERTY OWNER (Landlord) INFORMATION

PROPERTY OWNER NAME(S): _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE NUMBER: (OPTIONAL) _____

2. PROPERTY

PROPERTY ADDRESS: _____

3. TENANT INFORMATION

TENANT NAME(S): _____

TENANT'S MAILING ADDRESS: _____

TENANT PHONE NUMBER(S): (OPTIONAL) _____

The applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief. The applicant agrees to comply with the provisions of Tremont Borough's Ordinances, Codes and Regulations, and all other applicable laws and regulations of Schuylkill County, Commonwealth of Pennsylvania and the United States, whether specified or unspecified in this application.

SIGNATURE OF APPLICANT: _____

DATE: ____/____/____

ANY ADDITIONAL INFORMATION: