

**BOROUGH OF FOX CHAPEL
RENTAL UNIT REGISTRATION**

* PLEASE PRINT LEGIBLY *

PROPERTY INFORMATION	
Property Address:	

OWNER INFORMATION	
Owner Name, Home Address, Email & Phone No.:	

TENANT INFORMATION		
Occupant/Tenant Name(s)	Occupant/Tenant Work Address	Telephone No./Email

The undersigned verify that the statements made in this application are true and correct in all respects and that any false statements made herein are subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Tenant's Signature:	Date:
Tenant's Signature:	Date:
Tenant's Signature:	Date:
Tenant's Signature:	Date:

Please return form to dabate@fox-chapel.pa.us.