

**BOROUGH OF FOX CHAPEL  
RENTAL UNIT REGISTRATION**

\* PLEASE PRINT LEGIBLY \*

**This form must be completed, even if the property is not rented!**

<b>PROPERTY INFORMATION</b>	
Property Address:	

<b>OWNER INFORMATION</b>	
Owner Name, Home Address, Email & Phone No.:	

<b>TENANT INFORMATION</b>		
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 [kmersing@fox-chapel.pa.us](mailto:kmersing@fox-chapel.pa.us).**