

REGISTRATION FORM

Borough of Moosic Tenant Registration Form  
715 Main Street  
Moosic, Pennsylvania 18507  
Tel# (570)457-5480 Fax# (570)457-0762

<p>Please check one:</p> <p>_____ Annual</p> <p>_____ Change of Occupancy</p>
---

**Lessor/Lessee Statement**

We (I) are leasing the following residential Property (unit) within Borough of Moosic

Property ID (Pin#) \_\_\_\_\_

Address of Property \_\_\_\_\_

Lessor \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

\_\_\_\_\_

Lessee information:(please print)

Lessee #1

Lessee#2

Name \_\_\_\_\_

\_\_\_\_\_

\*Drivers License# \_\_\_\_\_

\_\_\_\_\_

\*Employer Name \_\_\_\_\_

\_\_\_\_\_

\*Employer Address \_\_\_\_\_

\_\_\_\_\_

\*Employer Phone \_\_\_\_\_

\_\_\_\_\_

Term of Agreement: Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

Names of Children or other individuals who will reside with the Lessee (please Print)

Name

Relationship to Lessee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use the back of this form for additional names:

Total Square footage of rental area: \_\_\_\_\_ sq. ft. Number of Bedrooms: \_\_\_\_\_

I (We) understand that I am to notify Lessor and Zoning Office of any changes to the occupancy of this premises within five days of change.

I (We verify that the facts set forth in this application are to the best of my (our) knowledge information and believe this verification is made subject to the penalties.

\_\_\_\_\_

(lessor)

Date

(lessor)

Date

**This form must be returned!**

**"When a tenant moves out and a new tenant moves in a borough inspection is required.**