

BOROUGH OF UNION CITY
TENANT REGISTRATION
DATE _____

Property Owner: _____

Authorized Officer or Agent:
(If different than the owner) _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Property Address: _____

Number of Units: _____

Tenant Name	Address/Apartment #	Date of Birth for anyone 18 & Older

THIS FORM MUST BE COMPLETED EVEN IF PROPERTY/UNIT IS VACANT

This form must be filed by January 2nd of each year. Any tenant changes shall be reported within 30 days of each occurrence, regardless of the frequency of the occurrences.

Mail to: Borough of Union City
13 South Main Street
Union City, PA 16438

FAX: 814-438-7115

Questions can be directed to 814-438-2331