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:		
WHO PAYS FOR GARBAG	GE SERVICE? TENANT O	R LANDLORD
DI EACE DOOM DE MY NAME TO A	NVONE CEEVING TO DENT DRODED	TY: YES NO
PLEASE PROVIDE MY NAME TO ANYONE SEEKING TO RENT PROPERTY: YES NO ONLY LIST ANYONE 18 YEARS & OLDER		
ONE EIGH ANTONE EG	LANG & GEDEN	
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 FAX: 814-438-7115

13 South Main Street EMAIL: Secretary@UCBorough.us

Union City, PA 16438 Questions can be directed to 814-438-2331