

BOROUGH OF CARNEGIE

One Veterans Way
Carnegie, PA 15106
412.276.1414 - Phone

www.carnegieborough.com



2019 Landlord Tenant Registration

(Please Print)

TENANT ADDRESS: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-Mail: _____

MAINTENANCE CONTACT: _____

TELEPHONE: _____ E-Mail: _____

APPLICANT/AGENT/MANAGER: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-Mail: _____

TOTAL NUMBER OF UNITS MUST BE PROVIDED: _____

Provide tenant listing on reverse side of this form. Tenant information must be provided.

Registration fee is \$25.00 for each NON-OWNER OCCUPIED and/or VACANT unit.

Total Registration Fee Due: \$ _____

I, _____, hereby declare that the facts

Print Your Name

set forth in this application are true and correct to the best of my knowledge, information and belief, and that any false statements made herein are made subject to the penalties of the Crimes Code, 18 Pa C.S. 4904, relating to unsworn falsification to authorities.

Applicant's Signature

Date

Failure to comply will result in the applicable action of law to be taken against you.

Remit Payment by **June 1, 2018** to:
BOROUGH OF CARNEGIE

TENANT REPORTING FORM
(Please Print)

TENANT ADDRESS: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

TENANT: _____ UNIT#: _____

USE ADDITIONAL SHEETS IF NEEDED.

Official Use Only

DATE RECEIVED: _____ RECEIVED BY: _____

AMOUNT RECEIVED : _____(M) CHECK/M.O.: _____