Township of South Strabane
550 Washington Road
Washington, PA 15301
724 225-9055 * Fax 724 225-2035

Rental Occupancy Report

Section I: Type of Registration

New	Renewal	Update of Tenant / Owner Information

Section II: Owner Information

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone # _____ Fax # _____

Section III: Property Management Information (If applicable)

Name of Management Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone # _____ Fax # _____

Section IV: Rental Property Location

Location: _____

Description of Building: _____

Section V: Tenant Registration

First Name	Last name	Middle Inital	Phone #

(Attach additional sheets if necessary)

Section VI: Type of Rental Unit

CHECK ONE	Single Family Two-Family Dwelling Multi Family Apartment Bldg. Shopping Center Strip Mall Other

Section VII: Rental Occupancy Report Fee

Description		Total
Annual Rental Occ. Fee		$25

Please submit Annual Rental Occupancy fee with this Report
Please make **check payable to** South Strabane Township

RETURN COMPLETED REPORT AND FEE TO
SOUTH STRABANE TWP.
550 Washington Road, Washington, PA 15301

I hereby certify that to the best of my knowledge this form is complete and correct.

Signature of Property Owner or Manager Date

This form may be duplicated if additional forms are needed