

RENTAL REGISTRATION

Property Owner/Rental Agent: _____

Address: _____

Telephone Number: _____ Cell Number _____

TENANT INFORMATION:

Full Name: _____ Social Sec. No. _____

Address: _____

Employer: _____

Address of Employer: _____

LIST BELOW ALL OTHERS IN HOUSEHOLD OVER 16 YEARS OF AGE:

Name:	Soc. Sec. No.:	Employer:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Moved In: _____ Date Moved Out: _____

MOON TOWNSHIP ORDINANCE REQUIRES ALL OWNERS/AGENTS OF RENTAL PROPERTY TO SUBMIT NAMES, ADDRESSES, AND SOCIAL SECURITY NUMBERS OF THEIR OCCUPANTS WITHIN 30 DAYS OF OCCUPANCY.

**RETURN TO:
MOON TOWNSHIP MUNICIPAL BUILDING
MOON TOWNSHIP MANAGER
1000 BEAVER GRADE ROAD
MOON TOWNSHIP, PA 15108**