

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

Rental Occupancy Report

Fee: \$50.00

Section I: Type of Registration

☐ New

☐ 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 VI: Rental Property Information

Address: _____

Type of Unit: ☐ Single Family ☐ Two-Family Dwelling ☐ Multi Family
☐ Apartment Bldg. ☐ Shopping Center ☐ Commercial Strip Center
☐ Other, please describe _____

Tenant Name (first & last): _____ Phone # _____

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Tenant Name (first & last): _____ Phone # _____

Address:_____

Type of Unit: ☐ Single Family ☐ Two-Family Dwelling ☐ Multi Family
☐ Apartment Bldg. ☐ Shopping Center ☐ Commercial Strip Center
☐ Other, please describe_____

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**PLEASE COMPLETE REPORT AND SUBMIT WITH FEE OF \$50.00 TO
SOUTH STRABANE TOWNSHIP
550 Washington Road, Washington, PA 15301**

This form may be duplicated if additional forms are needed. All duplicate forms must be signed.

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

Signature of Property Owner or Manager

Date