

## BOROUGH OF BEAVER OCCUPANCY REPORT FORM

PROPERTY ADDRESS: \_\_\_\_\_

NUMBER OF DWELLING UNITS AT THIS ADDRESS: \_\_\_\_\_

VACANT      Yes       No

PROPERTY OWNER:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

APARTMENT #: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PROPERTY MANAGEMENT COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APARTMENT NUMBER	TENANT OR OCCUPANT FIRST AND LAST NAME	TENANT PHONE NUMBER	OVER THE AGE OF 18

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:  
Borough of Beaver  
469 Third Street  
Beaver, PA 15009  
Fax: 724-773-6711  
Email: rentalregistration@beaverpa.us

DUPLICATE FORM AS NEEDED