

**BOROUGH OF BEAVER
2024
RENTAL OCCUPANCY REPORT FORM**

PROPERTY ADDRESS: _____

NUMBER OF DWELLING UNITS AT THIS ADDRESS: _____

Parcel # _____

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 (over age of 18) FIRST AND LAST NAME	TENANT PHONE NUMBER	CHECK IF VACANT

Signature: _____

Date: _____

Return to:
Borough of Beaver
469 Third Street
Beaver, PA 15009
Fax: 724-773-6711

DUPLICATE FORM AS NEEDED

Email: rentalregistration@beaverpa.us