

**BOROUGH OF BEAVER
2025
RENTAL OCCUPANCY REPORT FORM**

PROPERTY ADDRESS: _____

NUMBER OF DWELLING UNITS AT THIS ADDRESS: _____

PARCEL #: _____

PROPERTY OWNER: _____

NAME: _____

STREET ADDRESS: _____

APARTMENT #: _____

CITY/STATE/ZIP CODE: _____

PHONE #: (H) _____ (C) _____

EMAIL:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please print legibly as correspondence via email will be used as much as possible.

PROPERTY MANAGEMENT COMPANY: _____

ADDRESS: _____

PHONE #: _____ CONTACT NAME: _____

EMAIL:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please print legibly as correspondence via email will be used as much as possible.

APARTMENT NUMBER	TENNANT 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
Email: rentalregistration@beaverpa.us

DUPLICATE FORM AS NEEDED