MANCHESTER BOROUGH
RENTAL LICENSE TENANT INFORMATION

SECTION 2
NOTICE TO ALL TENANTS

Renters/Tenants, please complete the following form and list each occupant living in your rental unit. This form needs to be returned to Manchester Borough within twenty (20) days of receipt from your landlord. Data from this form allows us to provide accurate information to appropriate personnel in the event of an emergency. **All contact information is required and must be legible.**

Tenant Name: _____

Tenant Phone Number: _____

Dwelling Unit Address (Number & Street): _____

Apartment or Unit Number: _____

Name of Landlord: _____

LIST FULL NAME OF ALL OCCUPANTS IN THE RENTAL UNIT (***PLEASE PRINT LEGIBLY***)

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

NAME_____ADULT _____ MINOR_____

**Optional Information:* *Number of Handicapped Occupants Under Age 18* _____

Number of Handicapped Occupants Over Age 18 _____

I hereby acknowledge the information provided on this form to be true and correct and agree to maintain this property in accordance with the IPMC and Local Ordinances as adopted by Manchester Borough, York County, Pennsylvania.

Electronic Signature Acceptance Statement

By signing below (electronically or otherwise), I acknowledge and agree that my electronic signature is the legal equivalent of my handwritten signature. I consent to the use of electronic records and signatures in connection with this document and understand that my electronic signature has the same validity and effect as a written signature on paper.

E-Signature: _____ Date: _____