

# PORT CARBON BOROUGH OCCUPANT REGISTRATION

DATE: \_\_\_\_\_

OWNER/AGENT: \_\_\_\_\_

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

U.S. CITIZEN		OCCUPANT NAME (Print Each Name)	UNIT NUMBER
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

**TOTAL NUMBER OF OCCUPANTS** \_\_\_\_\_ **x \$10.00 = TOTAL DUE** \_\_\_\_\_

Occupant Permit Fees	
Fee per Occupant (age 18 and over)	\$10.00 per occupant
Failure to Comply	Legal Action

I, \_\_\_\_\_, attest that the information on this form is correct and I am familiar with, and attest that I will fulfill, my obligations under the rental ordinance, property maintenance code, and building codes. I understand that false statements relating hereto are made subject to penalties of 18 PA.C.S.A. 4904, relating to unsworn falsification to authorities.

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

<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> CASH	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CHECK # _____
DATE RECEIVED: _____		