

**DREHER TOWNSHIP**  
**Po Box 177, Newfoundland, PA 18445**  
**Phone 570-676-4976 Fax 570-676-4244**

**TENANT REGISTRATION FORM**  
PROVIDE TENANT INFORMATION AND RETURN TO ADDRESS ABOVE  
Or e-mail to: zoningdreher@gmail.com

Property Tax Map #: \_\_\_\_\_ Tax Control #: \_\_\_\_\_

Owner Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner contact and email: \_\_\_\_\_  
\_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

**Register all tenants below.** (Use back of page if necessary)  
**Only tenants 18 years old or older** who reside in Dreher Township must be registered.

Tenant Name(s): \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact and/or email \_\_\_\_\_  
Lease term dates \_\_\_\_\_

Additional Tenant:  
Tenant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact and/or email \_\_\_\_\_  
Lease term dates \_\_\_\_\_

Additional Tenant:  
Tenant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact and/or email \_\_\_\_\_  
Lease term dates \_\_\_\_\_

Additional Tenant:  
Tenant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact and/or email \_\_\_\_\_  
Lease term dates \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge, information and belief, and I make this verification under penalties of 18 PA. C.S.A. relating to unsworn falsification to government authorities.**

**Owner/Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_