

Borough of Wall

TENANT REGISTRATION FORM

NOTE: One form is needed for each unit

Property Address: _____ **Date:** _____

Property Owner Name: _____

Owners Address: _____

Contact Numbers – Home: _____ Cellular: _____

E-Mail Address: _____

Address Usage: Commercial Residential Mixed

Emergency or Management Contact: _____

Contact Address: _____ Contact Phone Number: _____

PROPERTY INFORMATION

Number of persons permitted to live in this unit: _____

Occupant Names	Date of Birth	Phone Number	Employer	Date Lease Signed	Lease Length

Do any tenants have any physical conditions that would require special assistance in the event of an emergency; if so, state the unit address, name and age of the individual and his/her condition: _____

Office Use Only

Date Received by Borough Office: _____

Borough Representative: _____