

**Return Form To: Heidelberg Township PO Box 188, Schaefferstown, PA 17088**

**DWELLING UNIT\*APARTMENT UNIT**

Date \_\_\_\_\_

<b><u>Property Owner/Landlord</u></b>	
Name	_____
Mailing	_____
Address	_____
Phone #	_____

<b><u>Property Address</u></b>
Physical Address
Apt. # if applicable

Complete a section for each individual occupant/tenant 18 years or older.

Complete a separate form for each dwelling or apartment.

<b><u>Occupant/Tenant</u></b>
Name
Mailing Address
Phone Number
Place of Employment
Employer's Address

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Mailing Address
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Employer's Address

<b><u>Occupant/Tenant</u></b>
Name
Mailing Address
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**Additional occupant information may be written on the back of this form.  
Update information by 1/30 annually or within 30 days of tenant changes.  
This information is required by Heidelberg Township Ordinance No 135**

<b><u>Occupant/Tenant</u></b>
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Phone Number
Place of Employment
Employer's Address

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