BOROUGH OF COLLEGEVILLE

IDENTIFICATION OF RENTED HOUSING

Date of Report:				
Address of Apartment or Home:			Number of Units:	
Name of Owner:		Date of Rental:		
Address of Owner:				
Name of Lessee:		A _j	partment No.:	
Occupation of Lessee:	Social Security No.:			
Name and Address of Employer:				
Additional Occupant	Social Security Number	Occupation	Name and Address of Employer	
	_			
Date on which apartment or house is	vacatad			
Forwarding address of Lessee, if know				
To the Owner or Manager: the foreg 1970 pursuant to collection of Earned March 5, 1980, as mended by Ordina three (3) unrelated individuals to live	oing information is required unde I Income Tax under the provisions nce No. 363, enacted March 1, 198	r borough of Collegeville Oro of the Local Tax Enabling A	dinance No. 228 enacted, May 18, ct and Ordinance No. 301 enacted	
 INSTRUCTIONS: Complete this form as each unit 19426. When apartment is vacated, ren address if known. Send this form. If an additional occupant moves Borough Office within 15 days. If an occupant moves from an expectation of the second of the se	nove one of the remaining forms fr m to the Borough Office within 15 into join an existing rented apart xisting rented apartment, complete	rom your file, mark the date days. ment, complete one copy of the	the lessee moved and a forwarding	
Any person who fails, neglects, or reformed or convict County be sentenced to pay a fine of a said fine and costs to be imprisoned for	uses to make the declaration requition thereof before any Justice of not more than six hundred dollars	the Peace or Court of compet (\$600.00) for each offense an	ent jurisdiction of Montgomery	
I, the undersigned, swear and attest the belief. I understand that any misrepr pursuant to Title 18 section 4904, Uns	esentation or falsifications of the i	information presented on this	•	
Signature		Date		