

P.O. BOX 100 ALBRIGHTSVILLE, PA 18210 / TEEPEE (570) 722-0302, FAX (570) 722-2061, EMAIL: OFFICE@TOWAMENSING.COM

2019 Landlord Registration Form

Property Owners Na	ame:		
Property Owners Ph	one Number: _		
Email Address:	Address:		ax Number:
Will you be renting Y	our home(s) w	ith Full-Time Te	enants or Part-Time Renters?
Name of Real Estate Agent/Property Manager:			Phone:
If renting Part-Time,	who is authoriz	ced to pick-up re	ental Packets?
Please List All your	properties whic	h are on the Re	ental Program:
1 -4 //-	044 NI-	04	
Lot #:	911 No	Street:	
Lot #:	911 No	Street:	
Lot #:	911 No	Street:	
NOTES TO LANDLO	ORD:		
not honor any author	rization without	a completed L	to our P.O. Box 100, Email or Fax. TTPOA will andlord Form. For Landlords renting their homes I Behavior Policy must be included.
	•		mobiles, Golf Carts or Boats to persons other than Affidavit Form on File.
	nitialing for them	on the Part Tir	ued 8 wristbands without the Property Owner or me Registration Form. owed No Exceptions.
I have read a copy of	of the Rules of C	Conduct Revise	d January 2019.
Signature of Propert	y Owner:	Date:	