TOWNSHIP OF FLORENCE

TENANT VERIFICATION FORM FOR LANDLORD REGISTRATION
(Property Maintenance Code 116-15)

MUST BE COMPLETED BY HEAD OF HOUSEHOLD

Please complete the following information (Print Clearly or Type):

ADDRESS OF RESIDENTIAL "RENTAL" UNIT: _____

NAME OF OCCUPANT(S) INCLUDING MINORS	AGE	RELATIONSHIP OF OCCUPANT(S)	PHONE NUMBER
		Head of Household	

***Tenant Signature*_____ *Date*_____