

Please check whichever applies:

_____ New Owner

_____ Change of Tenant

NOTICE TO ALL LANDLORDS

SECTION I

Enclosed are forms (Section 2) which must be distributed to each tenant now occupying a dwelling unit you own and which must be distributed to each future tenant. Within thirty (30) days of the receipt of this form or within thirty (30) days of a new tenant occupying one of your rental units you must make a copy of Section 2 available to each tenant or apartment and return a completed Section I below to the Hanover Borough Office. Distribution of this form will allow us to properly identify and tax all Borough residents, improving the fairness of our collection system and assisting the school in planning for community needs. Thank you for your assistance. (Requirement established under Ordinance #1796. Failure to comply can result in a fine and/or imprisonment. Additional forms can be obtained from the Borough Secretary, 44 Frederick Street, Hanover, Pennsylvania.)

PLEASE PRINT

NAME OF DWELLING _____
ADDRESS _____
TOTAL # OF DWELLING UNITS _____
OF DWELLING UNITS RENTED _____
IDENTIFY EACH APARTMENT'S NUMBER OR DESIGNATION (Such as 1-2-3 OR A-B-C or front-rear-up, 1st-2nd flr. etc.)

NAME OF DWELLING _____
ADDRESS _____
TOTAL # OF DWELLING UNITS _____
OF DWELLING UNITS RENTED _____
IDENTIFY EACH APARTMENT'S NUMBER OR DESIGNATION (Such as 1-2-3 OR A-B-C or front-rear-up, 1st-2nd flr. etc.)

NAME OF DWELLING _____
ADDRESS _____
TOTAL # OF DWELLING UNITS _____
OF DWELLING UNITS RENTED _____
IDENTIFY EACH APARTMENT'S NUMBER OR DESIGNATION (Such as 1-2-3 OR A-B-C or front-rear-up, 1st-2nd flr. etc.)

NAME OF DWELLING _____
ADDRESS _____
TOTAL # OF DWELLING UNITS _____
OF DWELLING UNITS RENTED _____
IDENTIFY EACH APARTMENT'S NUMBER OR DESIGNATION (Such as 1-2-3 OR A-B-C or front-rear-up, 1st-2nd flr. etc.)

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DATE _____ DATE SECTION 2 GIVEN TO TENANT _____

OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

OWNER'S PHONE NUMBER _____

OWNER'S SIGNATURE _____

DATE _____

NOTICE TO ALL TENANTS

SECTION 2

Rental Unit Tenants must complete the following form, listing each occupant living in your apartment and return completed form to the Hanover Borough Office within thirty (30) days of receipt from your landlord. This form will help assure a fair tax collection system and assist school district planning. Thank you for your assistance. (failure to comply violates ordinance #1796 and can result in a fine and/or imprisonment.)

Dwelling Unit Address (Number & Street) _____

Apartment or Unit Number _____

Name of Landlord _____

LIST FULL NAME OF ALL INHABITANTS IN APARTMENT

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

NAME _____ AGE ____ MALE _____ FEMALE _____

Optional Information: The following will assist Hanover Fire Department if there is an emergency in your apartment building:

Number of Handicapped Under Age 18: _____

Number of Handicapped Over Age 18: _____

Mail to: The Borough of Hanover
44 Frederick Street
Hanover, Pa. 17331

Tenant Telephone # _____