



# BOROUGH OF PITCAIRN

609 Broadway, Pitcairn, PA 15140  
DEPARTMENT OF CODE ENFORCEMENT  
412-372-6500X15 [code@pitcairnborough.us](mailto:code@pitcairnborough.us)

PROPERTY ADDRESS: \_\_\_\_\_

TAX ID/PARCEL #: \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_ X \$50.00 = AMOUNT DUE: \_\_\_\_\_

## **PART A: PROPERTY OWNER INFORMATION**

OWNER OF PROPERTY: \_\_\_\_\_

NUMBER OF UNITS IN STRUCTURE/COMPLEX: \_\_\_\_\_

OWNER'S ADDRESS (No P.O. Boxes): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **PART B: RESPONSIBLE AGENT INFORMATION (IF APPLICABLE)**

RENTAL AGENT/MANAGER: \_\_\_\_\_

MANAGER'S ADDRESS (No P.O. Boxes): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **PART C: TENANT INFORMATION**

TENANT'S NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

LIST NAMES OF OTHER MEMBERS OF THE HOUSEHOLD:

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

The undersigned hereby represents that, to the best of their knowledge and belief that all information listed above is true, correct, and complete; and that all attachments contain the required information.

PERSON FILING OUT THIS FORM \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This form is to be filled out annually with the Borough by January 10<sup>th</sup> of each year, as well as at each incidence of a change in occupancy (i.e. new tenants or change to the household composition for existing tenants.)

FOR OFFICE USE ONLY:

DATE PAYMENT RECEIVED: \_\_\_\_\_ CASH/CHECK/MONEY ORDER \_\_\_\_\_