

**SCHUYLKILL TOWNSHIP ORDINANCE 99-06
SECTION II REPORTS BY LANDLORDS**

ANNUAL LANDLORD REPORTING FORM

Schuylkill Township Ordinance #99-06 requires landlords to file annual reports listing all rental or rentable units, tenants, or occupiers. The purpose of the ordinance is to correctly identify the actual residents within a dwelling unit, business unit, or parcel of real estate so as to conform to 911 requirements for the Chester County Emergency Services. A copy of the ordinance is available upon request.

Please provide the requested information Landlord Reporting Form for all rental properties owned or managed by you within the township and return it to the Schuylkill Township office. Please feel free to duplicate the form as needed. The report can be submitted through the mail, by fax, via email or in person. Any changes in rental or rentable units, tenants, or occupiers, must be submitted to the township at the time of the change.

Do not hesitate to contact the Township office if you have any questions.

PLEASE RETURN COMPLETED FORM TO:

SCHUYLKILL TOWNSHIP – ORD99-06

BOARD OF SUPERVISORS

111 VALLEY PARK ROAD

PHOENIXVILLE, PA 19460-5766

OFC: 610.933.5843

FAX: 610.933.4428

EMAIL: admin@schuylkilltwp.org

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Tax parcel number: 27-

Address of each Unit or Parcel: _____

Unit or Parcel (i.e. suite #, apt. #, etc): _____

Name(s) of Tenant(s): _____

If Commercial, # of Employees: _____ Move-In Date: _____

Phone Number(s): _____

Mailing Address of Tenant: _____
(if different from above)

Unit or Parcel (i.e. suite #, apt. #, etc): _____

Name(s) of Tenant(s): _____

If Commercial, # of Employees: _____ Move-In Date: _____

Phone Number(s): _____

Mailing Address of Tenant: _____
(if different from above)

PLEASE USE BACK OF FORM FOR ADDITIONAL TENANT/OCCUPANT LISTING

REPORT OF CHANGES IN USE OR OCCUPANCY

Unit or Parcel (i.e. suite #, apt. #, etc): _____

Date of Change _____ Specified Change in Use or Occupancy: _____

Forwarding address of former tenant/occupant: _____

LANDLORD INFORMATION

Landlord Name/Entity: _____

Contact/Agent Name: _____ Phone Number: _____

Landlord Address: _____ Email: _____

Signature: _____ Date: _____

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TENANT LIST

PROPERTY ADDRESS	UNIT	TENANT NAME & TELEPHONE	MOVE-IN DATE