

**APOLLO BOROUGH**

**2021**

(8:30am – 1:30pm Monday – Friday)

P.O. Box 306 • Apollo, PA 15613 • Phone 724-478-4201 • Fax 724-478-4923 • [boroughmanager@apollopa.org](mailto:boroughmanager@apollopa.org)

**LANDLORD/TENANT/RESIDENT INFORMATION SHEET**

Per Ordinance #264-14 and Resolution 01-2021, the following information is to be submitted to the Apollo Borough office for **EACH** rental unit you own. The names and address of the tenants/residents shall not be disclosed by any borough personnel in the event that the tenant/resident is the subject of a court order requiring that this information be kept confidential.

Name of Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Property Manager Contact Information: \_\_\_\_\_

**TENANT/ RESIDENT INFORMATION**

**ALL INFORMATION REQUESTED IS REQUIRED TO BE DISCLOSED.**

Property Address in Apollo Borough: \_\_\_\_\_

Tenant/Resident Telephone Number: \_\_\_\_\_

Number of Tenant/ Residents in Unit: \_\_\_\_\_

**First Name, Last Name and occupation of each tenant over the age of 18:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This is a commercial property, not residential.**

Name and Nature of Business \_\_\_\_\_

**I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I WILL NOTIFY THE BOROUGH OFFICE FOR A NEW INFORMATION SHEET AND SUBMIT IT WITHIN TEN (10) DAYS OF A CHANGE OF TENANT(S).**

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
DATE