



Coolbaugh Township Tenant Registration Form

5520 Municipal Drive
Tobyhanna, PA 18466

Tel. # (570) 894-8490/Fax # (570) 894-8413

Lessor / Lessee Statement

Please refer To the Attached Instruction Information

1. We (I) are leasing the following residential property (unit) within Coolbaugh Township:

Address of property: _____ Lessor: _____

_____ Address: _____

Telephone: _____

Emergency Telephone: _____ Telephone: _____

2. Lessee information: (please print)

Lessee # 1

Lessee # 2

Name: _____

Term of agreement Start Date _____ End Date _____

3. Names of children or other individuals who will reside with the lessee: (please print)

Name	Date of Birth	Relationship to Lessee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the back of this form for additional names

4. Total square footage of rental area: _____ sq. ft. Number of bedrooms: _____

5. Number of Required Smoke Alarms: _____ Battery: (y/n) _____ Electrically Wired: (y/n) _____

6. I (We) understand that I am to notify Lessor and Coolbaugh Township Zoning Office of any changes to the occupancy of this premises within five days of change.

7. I (We) verify that the facts set forth in this application are to the best of my (our) knowledge, information and belief.

This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S. §4904) relating to Unworn falsification to authorities.

(lessee) _____
(lessee)

Date _____

(lessor) _____
(authorized agent)

Date _____