

PROPERTY OWNER/LANDLORD NAME(S) : _____

Owner's ADDRESS: _____

PHONE NUMBER: () _____

RENTAL PROPERTY ADDRESS (S):

(Complete address Please)- Include Apt #, etc.

TENANT(S):

(Please include names of all residents living at this address. Please include children.)

If you have additional rental properties, please complete back of this sheet.

Return Address:

Lynn Township Zoning Office
7911 Kings Highway
New Tripoli PA 18066

Phone: 610-298-2645 Fax: 610-298-2896

RENTAL PROPERTY ADDRESS (S):

(Complete address Please)- Include Apt #, etc.

TENANT(S):

(Please include names of all residents living at this address. Please include children.)
