



**PROPERTY OWNER/LANDLORD NAME(S) :** \_\_\_\_\_

**Owner's**

**ADDRESS:** \_\_\_\_\_



**PHONE**

**NUMBER: (     )** \_\_\_\_\_

**E-MAIL**

**ADDRESS:** \_\_\_\_\_



**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.)



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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.

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