



BOROUGH OF PALMYRA

325 S. RAILROAD STREET
PALMYRA, PA 17078
PHONE: 717-838-6361
FAX: 717-838-1051
www.palmyraborough.org

TENANT CHANGE APPLICATION

PART A: OWNER/APPLICANT

Property Owner Name:		
Property Owner Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Property Location:		

PART B: TENANT INFORMATION (Attach a separate sheet if more than 6 tenants / unit)

Name of Tenant over the age of 16:	Unit #:
Phone:	
Alt. Phone:	
Email:	
Name of Tenant over the age of 16:	Unit #:
Phone:	
Alt. Phone:	
Email:	
Name of Tenant over the age of 16:	Unit #:
Phone:	
Alt. Phone:	
Email:	
Name of Tenant over the age of 16:	Unit #:
Phone:	
Alt. Phone:	
Email:	
Name of Tenant over the age of 16:	Unit #:
Phone:	
Alt. Phone:	
Email:	

PART C: SIGNATURE

Signature of property owner:	Date:
Signature of property agent (if any):	Date: