



304 South State Street
Clarks Summit PA 18411-1592
Email clarksmt@epix.net

Phone: 570-586-9316
Fax: 570-586-3024
www.clarkssummitboro.org

TENANT REGISTRATION

Physical Address of Property: _____

Mailing Address of Property (If different than physical address): _____

Apartment Number (If applicable): _____

Property Owner's Name: _____

Mailing Address of Property Owner: _____

_____ email -

Phone Number of Property Owner: _____

Brief Description of Dwelling Unit (Size, number of bedrooms, baths, etc.):

Name and Phone Number of Tenant: _____

Mailing Address of Tenant (If different than Address of Property):
