TOWN OF TOWNSEND

RENTAL PROPERTY TENANT INFORMATION FORM

Required for Rental License Compliance:

PROPERTY INFORMATION

Rental Property Address*: _____

Rental License Number*: _____

Property Owner/Landlord Name*: _____

Owner/Property Management Phone*: _____

Owner/Property Management Email*: _____

TENANT INFORMATION - PRIMARY TENANT

Full Name*: _____

Cell Phone*: _____

Email Address*: _____

Additional Phone Number: _____

TENANT INFORMATION - CO-TENANT (IF APPLICABLE)

Full Name: _____

Cell Phone: _____

Email Address: _____

Additional Phone Number: _____

OCCUPANCY INFORMATION

Total Number of Authorized Occupants*: _____

Number of Adult Occupants*: _____

Number of Minor Occupants (Under 18)*: _____

FORWARDING OR MAILING ADDRESS (IF DIFFERENT)

Street Address: _____

City/State/Zip: _____

EMERGENCY CONTACT

Emergency Contact Name*: _____

Relationship to Tenant*: _____

Phone Number*: _____

CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or incomplete information may affect the rental property compliance with the Town Rental Licensing Program.

Owner/Landlord Signature: _____

Printed Name: _____

Date: _____

RETURN COMPLETED FORM TO

Town of Townsend
141 Main Street
Townsend, DE 19734

Email: townhall@townsend.delaware.gov

FOR OFFICE USE ONLY

Date Received: _____

Received By: _____

Rental License Verified (Yes/No): _____

Notes: _____