

BOROUGH OF ST. LAWRENCE
3540 St. Lawrence Avenue, Reading PA 19606
610-779-1430 Fax: 610-779-9148



COMMERCIAL TENANT REGISTRATION

(PLEASE PRINT)

PROPERTY ADDRESS: _____

Instructions: FOR EACH UNIT: Using the corresponding unit number from the Landlord Registration. Please provide the information requested.

Unit ____:	Mailing Address: _____	Telephone: _____
Lease Starts	Leaseholder Name: _____	Telephone: _____
_____	Business Name: _____	Telephone: _____
Lease Ends	Type of Business: _____	
_____	Hours of Operation: _____	
	Manager/Local Contact Name: _____	Telephone: _____
Unit ____:	Mailing Address: _____	Telephone: _____
Lease Starts	Leaseholder Name: _____	Telephone: _____
_____	Business Name: _____	Telephone: _____
Lease Ends	Type of Business: _____	
_____	Hours of Operation: _____	
	Manager/Local Contact Name: _____	Telephone: _____
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Lease Ends	Type of Business: _____	
_____	Hours of Operation: _____	
	Manager/Local Contact Name: _____	Telephone: _____

VERIFICATION STATEMENT

I, _____, hereby verify that the information contained in this application, including all statements, representations, and other entries, is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA. C. S. §4904, relating to unsworn falsification to authorities, and §4911, relating to tampering with official records.

Authorized Signature

Date