



# TOWNSHIP OF WHITEHALL

3221 MACARTHUR ROAD, WHITEHALL, PA 18052-2900



TINA J. KOREN  
*Treasurer*

**Date:**

Lastname, First Name:  
Co-Owner:  
Address:  
Whitehall, PA 18052

## REQUIRED YEARLY INFORMATION FOR NON-OWNER-OCCUPIED DWELLINGS

The Township of Whitehall requires a list of residents and ages for informational purposes as outlined in *Ordinance #1539 PER CAPITA*.

**Please complete the following form and return within 30 days**

REQUIRED - Non-Owner-Occupied Property Location(s)

**LIST ALL PROPERTIES/APARTMENTS & OCCUPANTS**



Check your preferred method of contact below

Phone Number (Required): \_\_\_\_\_

Email: \_\_\_\_\_

Please do not write "Same as last year" -

**We DO NOT have previous year's information on file...thank you.**

List names & ages of all residents living at each property, including children **ON THE REVERSE SIDE**. If the property is **VACANT** or **SOLD**, please notate "Vacant" or "Sold" on the front of the form & and return in the enclosed envelope or scan & email to:

[whitehalltaxoffice@whitehalltownship.com](mailto:whitehalltaxoffice@whitehalltownship.com).

\_\_\_\_\_ Please inform your tenants that a Moving Permit is required when moving **In, Out, or Within** the township – the moving permit is also available on the website. You can photocopy and give to tenants as needed. \$5.00 is required for each family.

- Please complete entire form.

I \_\_\_\_\_, certify that all tenant information is true and correct.  
(print name)

\_\_\_\_\_

Date

Signature

Title

Non-Owner-Occupied Property Location: \_\_\_\_\_

Resident's Name	Apt. #	Age or DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Non-Owner-Occupied Property Location: \_\_\_\_\_

Resident's Name	Apt. #	Age or DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Non-Owner-Occupied Property Location: \_\_\_\_\_

Resident's Name	Apt. #	Age or DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Non-Owner-Occupied Property Location: \_\_\_\_\_

Resident's Name	Apt. #	Age or DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Non-Owner-Occupied Property Location: \_\_\_\_\_

Resident's Name	Apt. #	Age or DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

*Thank you!*