

GRANVILLE TOWNSHIP TENANT INFORMATION

Date: _____

Owner: _____

Owner Address: _____

Owner Phone: _____

Account Number: _____

Property Address: _____

Tenant(s) _____

Tenant(s) Phone: _____

I understand and agree that it is the responsibility of the landowner/landlord to provide the Granville Township Sewer Department tenant information. I will provide any change in the above listed tenants at the above listed property within 30 days of the change.

Owner Signature