

Borough of Avalon  
Office of Census Enumerator  
640 California Ave.  
Avalon, PA 15202

### CENSUS / OCCUPANCY REPORT

Pursuant to **Ordinances No. 1165 and No. 1273** : Residents and Landlords of Avalon Borough are required to file an Occupancy Report on or before **May 31** of each year, and at any time in which there is a change in the occupancy (moving in/moving out) of a residential premises.

**Dear Resident/Landlord:**

Please complete this Census Report. List all residents living in the residence/home. If you have any questions please call (412) 761-5820 ext. 20 or [census@boroughofavalon.org](mailto:census@boroughofavalon.org). If you previously received this form through the 2017 Landlord/Tenant Registration, please disregard this form. Thank you.

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(last) (first) (m.i.) (month / day / year)

SPOUSE/ROOMMATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(last) (first) (m.i.) (month / day / year)

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
(number) (street ) (apt. #)

CHECK ONE:       OWN     RENT

LANDLORD'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

DATE YOU MOVED INTO AVALON \_\_\_\_\_  
(month / day / year)

PREVIOUS ADDRESS \_\_\_\_\_

**LIST ALL CHILDREN LIVING IN YOUR HOME UNDER AGE 18.**

Name	Birth Date
_____	_____
_____	_____

**LIST ALL PERSONS LIVING IN YOUR HOME NOT ALREADY LISTED ON THIS PAGE.**

Name	Birth Date
_____	_____
_____	_____

**ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL.**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_