

RENTAL PROPERTY INFORMATION
AS REQUIRED BY CITY OF OLEAN

RENTAL ADDRESS: _____

DATE MOVING IN OR OUT: _____

IF MOVING IN, LIST ALL ADULTS WHO WILL BE RESIDING AT THIS PROPERTY:

PROPERTY OWNER:

Signature

Name

Address

City, State, Zip

Phone Number(s)

**TENANTS MUST PROVIDE THIS SIGNED FORM BEFORE WATER
CAN BE TRANSFERRED INTO OR OUT OF THEIR NAME.**

**MAIL OR FAX TO:
CITY OF OLEAN WATER DEPT.
P.O. BOX 668
OLEAN, NY 14760
(716) 376-5657 PHONE
(716) 376-5644 FAX**