

BOROUGH OF CHALFANT
144 Lynnwood Avenue
E. Pittsburgh, PA. 15112-1509
Telephone: 412-823-6500 / Fax: 412-229-8304

Dear Property Owner: Please fully read.

Ordinance #319 of the Borough of Chalfant requires EVERY PROPERTY OWNER to provide to the borough on an annual basis, a complete list of occupants within your household or rental property, including employer if applicable.

Please return the completed form before **June 30, 2024** to the Borough of Chalfant at the above address. You may also FAX the completed form to the above fax number or email to chalfantborough@gmail.com.

Please note, the borough must be contacted during the sale of a property for private lateral time of sale requirements, dye test requirements, occupancy inspection, occupancy permit, and no lien letters. ANY occupancy changes in rental properties or residence must obtain an occupancy permit, unless birth or adoption under the age of 18.

RENTAL PROPERTY OWNERS- As of January 1, 2015, enacted by Borough ordinance. Any property owner residing outside of a 50 mile radius must name a property manager located within the area and provide all requested information. This measure has been necessary due to difficulty in enforcement of property maintenance violations.

CITATIONS WILL BE ISSUED TO VIOLATORS OF EITHER ORDINANCE. The penalty is a fine of up to \$600 and/or 30 days in jail.
Prompt cooperation is appreciated.

Under Ordinance #431, Chalfant Borough entered into a contract with Woodland Hills EMS on April 1, 2020. In 2020, borough taxes increased from 8.4 mills to 8.9 mills. The additional .5 mills of borough tax revenue will be designated to WHEMS on an annual basis in exchange for service coverage for all Chalfant residents. Subscriptions to WHEMS will no longer be necessary for membership and will no longer be mailed to residents. The Annual Report of Occupancy will be used by WHEMS to determine eligibility.
CHALFANT BOROUGH COUNCIL

ANNUAL REPORT OF OCCUPANCY

PROPERTY ADDRESS: _____

FULL NAME OF OWNER: _____

PHONE #: _____ RENTAL PROPERTY: yes _____ no _____

Please turn over to complete form:

E-MAIL ADDRESS: not required _____

If yes, address of owner and contact information for management: _____

FULL NAME _____ APT#(if applies)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

In the event of an emergency, please identify if anyone in the home is:

_____ Disabled _____ Uses Oxygen

I certify that the above information is true and correct.

Signature of owner: _____ **Date:** _____

Please join Savvy Citizen to continue receiving Swift Reach updates.

Chalfant Crime Watch is organizing a network of residents that utilize security cameras on their properties and are willing to share camera footage with the police when incidents occur in the borough. Participation in this network is optional. If you are interested, please check “yes” and provide a phone number or email where you can be reached by Crime Watch.

_____ yes, _____ phone #/email.

If you'd like to subscribe to the electronic newsletter, please provide your email

address: _____ If you are already subscribed, you do not need to resubscribe. If you do not use email and would like a paper copy, please give us a call and let us know, 412-823-6500.

Information provided on this form is for borough use only and will not be published.

