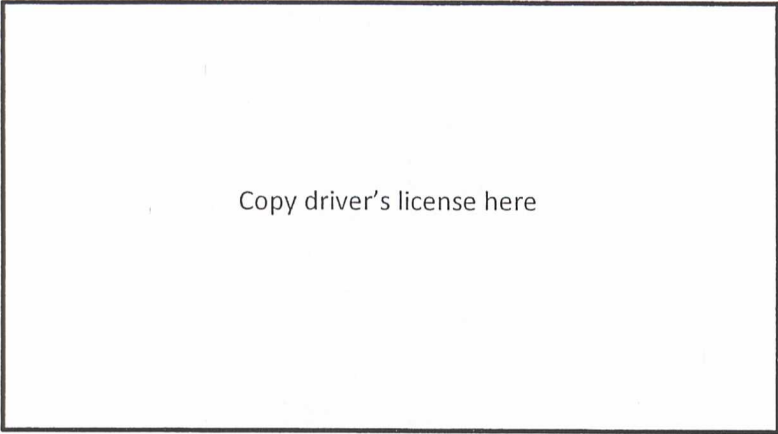


Village Of West Salem

Tenant Registration



Driver's License # _____

Social Security# _____ - _____ - _____

Date: _____

Tenant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone Number: (_____) _____ County: _____

Email: _____

Service Address: _____

Move in Date: _____

Signature: _____