THE BOROUGH OF PEN ARGYL (RETURN COMPLETED FORM TO CODE OFFICE)

## **REGISTRATION FOR RESIDENTIAL RENTAL**

PROPERTY ADDRESS: _				
A Separate Registration Form	is Required For Eacl	h Unit.		
Check here if this property is a	SINGLE FAMILY	RESIDENCE:	CHECK HERE FOR APT.	
PROPERTY OWNER INFOR				
NAME:				
MAILING ADDRESS: (If different from Owner's Phys	sical address) (P.O. E	Box is OK here)		
PHONE NUMBER:	UMBER: CELL NUMBER:			
PROPERTY MANAGER INFO	DRMATION:		within 10 miles outside of Northampton County	
NAME:				
ADDRESS :		CITY:	STATE/ZIP	
PHONE NUMBER:	CELL NUMBER:			
TENANT INFORMATION: Registration occupancy form	The Borough MU shall be filled out	ST be notified of an and returned to Co	ny tenant changes within thirty (30) days: ode Office within 10 days of new occupant a	s per Ordinance.
TOTAL NUMBER OF OCC	UPANTS IN EAC	H UNIT (INCLUD)	ING CHILDREN):	
	HONE NUMBERS ated person may o	S OF ALL OCCUP. ccupy a Rental Uni	ANTS <u>OVER 18 YEARS OF AGE:</u> it)	_
NAME:	TELEPHONE:			
			NAME:	
			NAME:	
DATE UNIT OCCUPIED:				
SIGNATURE OF OWNER OR	AGENT:		DATE:	

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