## RENTAL UNIT REGISTRATION FORM



CITY OF POTTSVILLE

CODE ENFORCEMENT & ZONING OFFICE

401 N. CENTRE STREET

PO BOX 50

POTTSVILLE, PA 17901

(570)-622-1234

## RENTAL UNIT REGISTRATION FORM

Property Owner Name:				
Property Owner Home Address:				
<b>Contact Information:</b>				
Home Phone:	Work Phone:			
Cell Phone:	Email:			
Date of Birth:	Drivers License Number:			
State Drivers License was Issued:				
Co-Owner Name:				
Co-Owner Home Address:				
<b>Contact Information:</b>				
Home Phone:	Work Phone:			
Cell Phone:	Email:			
Date of Birth:	Drivers License Number:			
State Drivers License was Issued:				
Property Manager Name:				
Property Manager Home Address:				
<b>Contact Information:</b>				
Home Phone:	Work Phone:			
Cell Phone:	Email:			
Date of Birth:	Drivers License Number:			
State Drivers License was Issued:				
City of Pottsville Business License Number:				
Insurance Carrier Name:				

If the rental property or properties is/are owned by an LLC, Corporation, etc. please list ALL the names of the officers/owners, their titles and contact information.

LLC/ Corporation, etc. 1	Name:
Officers:	
Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:
	held by this LLC, Corporation, etc. within the City of Pottsville.  Units:
	Units:
	Units:
	Units:
	Units:
	Units:
Address:	Units:
Address:	Units:
	Units:
	Units:

## **Occupant Information:**

Please list all the names of the occupants over the age of 18 in each unit. If the occupants have children under 18 do not list their names but include in the number of occupants for the unit.

Address	Unit Number	Occupant Name(s)	Number of Occupants	Phone Number