

BOROUGH OF JENKINTOWN
700 Summit Avenue
P. O. Box 2176
Jenkintown, PA 19046-2176

RENTAL UNIT REGISTRATION
&
APPLICATION FOR PERMIT

To BE Completed
By Applicant

Address of
Rental Property _____ Jenkintown, PA 19046- _____
(Street & Number)

Number of Rental Units at this Property _____

Name of
Property Owner _____ Telephone: _____

Mailing
Address of
Property Owner: _____
(Street & Number) (Post Office/City) (State) (Zip)

Owners
Business Privilege Tax
Account/ID Number: _____ Check One: Existing Rental Property _____
New Rental Property _____

Type of
Rental Use: Apartment(s) _____ Single Family Home _____
Check One Duplex _____ Other: (explain) _____
Condominium _____

List Names of current tenants:

Apt/Unit #	Name(s) of tenants (List Names as they appear on Lease)	Please attach additional sheet if needed

If this property is managed by a Rental Agency list name and address of agency and agent

Rental
Agency: _____
(Name of Agency) (Address)

Name of
Agent: _____ Telephone #: _____

Emergency
Contact: _____ Emergency
Telephone #: _____

Signature of
Applicant: _____ Date: _____

Print Name
Of Applicant _____ Owner _____ Agent _____