



REGISTRATION FOR RESIDENTIAL RENTAL LICENSE

PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____
Address: _____
_____ E-Mail: _____

PROPERTY MANAGER INFORMATION: *(Required if Property Owner does NOT reside within a twenty (20) mile radius of the Borough of East Stroudsburg and within the Commonwealth of Pennsylvania)*

Name: _____ Phone: _____
Address: _____
_____ E-Mail: _____

PROPERTY LOCATION:

Address: _____ PIN # _____

TENANT INFORMATION: *The Borough MUST be notified of any tenant changes within ten (10) days. Please list names, telephone numbers and e-mail addresses of all Occupants over 18 years of age: No More than four (4) unrelated persons may occupy a Regulated Rental Unit. If the Rental Unit is vacant, please write VACANT in the Name space below.*

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

By signing below I verify that subject to penalties of 17 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities, that the above information is accurate.

For Office Use Only:

Fee Paid _____ Date _____ Amount _____ Check# _____