

WORMLEYSBURG BOROUGH REGISTRATION OF RENTAL UNITS FORM

Date: _____

EXPIRES: 12/31/2018

Owner(s) Name: _____

Address: _____

Telephone Number: _____

Owner's Agent (if any) **Required if owner lives more than 35 miles from rental property.**

Agent: _____

Address: _____

Telephone Number: _____

Address of Rental Unit(s): _____

Type of Rental Unit(s): _____

Number of Units at Property: _____ @ \$10.00 = \$_____ Fee.

If the residential rental unit is a Group Home, Nursing Home or Convalescent Home, a copy of a current approved inspection report from the regulating federal or state agency must be furnished.

You must provide a list of Occupants, 18 or older, with this application.

APPROVED BY: _____ Date: _____