

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: _____

Contact Information:

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: _____

Contact Information:

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: _____

Contact Information:

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: _____

Insurance Policy Number: _____

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. Name: _____

Officers:

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Please list all properties held by this LLC, Corporation, etc. within the City of Pottsville.

Address: _____ **Units:** _____

Address: _____ **Units:** _____

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Address: _____ **Units:** _____

Address: _____ **Units:** _____

Address: _____ **Units:** _____

Address: _____ **Units:** _____

Address: _____ **Units:** _____

