



BOROUGH OF SELINGSGROVE  
 1 North High Street, Selinsgrove, PA 17870  
 Telephone: 570-374-2311

RENTAL PROPERTY REGISTRATION FORM

- Please complete one form for each individual rental unit – Copy form as needed
- Repetitive information (\*) need only be completed on first form, of a number of forms submitted together, to which repetitive information applies
- Proof of satisfactory completion of "Mandatory Inspection" must be attached to application.

Unit Address (Physical Street Address): \_\_\_\_\_

Maximum Number of Persons Permitted in Unit at Any Time: \_\_\_\_\_

Maximum Number of Persons Permitted in Common Area(s) at Any Time: \_\_\_\_\_

\*Owner's Name: \_\_\_\_\_

\*Owner's Street Address: \_\_\_\_\_

\*Owner's City/State/Zip/+4: \_\_\_\_\_

\*Owner's Phone Number(s): \_\_\_\_\_

\*Owner's Email Address (optional): \_\_\_\_\_

Note: Owner's Representative information required if owner does not "live in an area that is within 40 miles of the Borough of Selinsgrove."

\*Owner's Representative's Name: \_\_\_\_\_

\*Owner's Representative's Street Address: \_\_\_\_\_

\*Owner's Representative's City/State/Zip/+4: \_\_\_\_\_

\*Owner's Representative's Phone Number(s): \_\_\_\_\_

\*Owner's Representative's Email Address (optional): \_\_\_\_\_

\_\_\_\_\_  
 Owner's Signature

\_\_\_\_\_  
 Date of Application

**Office Use Only**

Map/Parcel Number: \_\_\_\_\_ Structure No.: \_\_\_\_\_

Mandatory Inspection Due Date: \_\_\_\_\_ Inspection Completion Date: \_\_\_\_\_

Next Inspection Due Date: \_\_\_\_\_

Date(s) of Prior Notice(s) of Violation Pertaining to this Unit: \_\_\_\_\_

Date(s) of Pending Notice(s) of Violation Pertaining to this Unit: \_\_\_\_\_

List Prior Warnings, Denial of Renewal, Suspensions, Revocations of License, for this Unit: \_\_\_\_\_

\_\_\_\_\_