



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.: _____

License Fee Date: _____

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: _____
