

BOROUGH OF ST. LAWRENCE

3540 St. Lawrence Avenue, Reading PA 19606

610-779-1430

Fax: 610-779-9148



LANDLORD AND UNIT LICENSING REGISTRATION

PROPERTY ADDRESS:

	PROPERTY OWNER	MANAGER/AGENT	PERSON AUTHORIZED TO MAKE OR ORDER REPAIRS
NAME:			
ADDRESS:			
CITY, STATE, ZIP			
TELEPHONE:			
FAX:			
EMAIL:			
CELL:			
LIVES WITHIN 50 MILES OF THE BOROUGH:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
24/7 EMERGENCY CONTACT (IF MORE THAN ONE, INDICATE ORDER OF CONTACT ie. 1, 2):			
PROPERTY OWNER _____	MANAGER/AGENT _____	REPAIR PERSON _____	
OTHER: NAME _____	TELEPHONE _____	CELL _____	

RESIDENTIAL/DWELLING OCCUPANCY: _____ Units

COMMERCIAL OCCUPANCY: _____ Units

Commonwealth of Pennsylvania

County of _____

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name _____

Sworn and subscribed to before me, this _____ day of _____, 20____

Siganture _____

Seal

Notary Public

Date _____

Page ____ of ____ My Commission Expires _____

PROPERTY ADDRESS:

UNIT	UNIT MAILING ADDRESS	COMMERCIAL (C) /RESIDENTIAL (R)	SQUARE FT OF GROSS FLOOR SPACE	# OF BATHROOMS	# OF BEDROOMS IF APPLICABLE	OCCUPIED (Y)ES OR (N)O
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Use additional sheets if necessary and please use the same format. Computer generated list is permitted if it contains all of the requested information