

P.O. Box 1, Pocopson PA 19366 Office: 610.793.2151 Fax: 610.793.1944 www.pocopson.org

Pocopson Township Rental Registration Form

Please complete the information below. Attach additional sheets if needed.

City	State	Zip Code				
Tax Parcel Number	63					
Owner(s) Name(s):						
Mailing Address: _						
Email:		_				
Phone:	Mobile:					
Name of Owner's E	mergency Contact:					
Email:						
Phone:	Mobile:					
Does the property o	wner reside in the residence? $lacksquare$ Y	es 🗖 No				
Property Manager Name (if not the owner):						
Property Manager Mailing Address (if applicable):						



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/.	Rental Unit Information:									
	Type of dwelling	ype of dwelling: Single Family Home Apartment Other (describe)								
8. 9. 10. 11. 12.	Basement: Number of smole Type of smoke of Interconnected Carbon monoxid	ke dete detector per reg de alarr	Yes ctors: Hard	☐ No Wired Yes Yes	o _	Number of bedrooms ry Backed				
occu	pied or vacant d	uring th	e calendar year.	Provide th	ie names d	y rental unit whether the u of all tenants who were 18 oring the calendar year.				
Rent	al Unit Number	,	Tenant(s) names	(18+ years	of age)	Occupancy Dates				
					 					
Date	: :		Signature o	of Owner:						