



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.

1. Certificate of Registration Type: Initial Registration 2-YEAR Registration

2. Rental unit is:

- a. Apartment in a house
- b. Single-family dwelling
- c. Apartment in an accessory building
- d. Other: _____

3. Rental unit usage:

- a. Short term rental (tenants occupy for periods of seven (7) days or less)
- b. Long term rental (tenants occupy for period of more than seven (7) days)

4. Rental Address: (include city, state, zip code and tax parcel):

City

State

Zip Code

Tax Parcel Number: 63 - _____ - _____

5. Owner(s) Name(s): _____

Mailing Address: _____

Email: _____

Phone: _____ Mobile: _____

6. Name of Owner's Emergency Contact: _____

Email: _____

Phone: _____ Mobile: _____

7. Does the property owner reside in the residence? Yes No



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8. Property Manager Name (if not the owner): _____

Property Manager Mailing Address (if applicable):

Email: _____

Phone: _____ Mobile: _____

9. Rental Unit Information:

Type of dwelling: Single Family Home Apartment Other (describe)

Year built: _____ Number of levels: _____ Number of bedrooms _____

10. Basement: Yes No

11. Number of smoke detectors: _____

12. Type of smoke detectors: Hard Wired with Battery Backup Battery Operated

13. Carbon monoxide alarm(s) installed: Yes No
 Battery Operated Plug-In Hard Wired



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Rental Unit Occupant(s): Please list all rental unit numbers of every rental unit whether the unit was occupied or vacant during the calendar year. Provide the names of all tenants who were 18 years of age or older and who resided in that specific unit at any time during the calendar year.

Rental Unit Number	Tenant(s) names (18+ years of age)	Occupancy Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ Signature of Owner: _____

Return completed form to: Township Secretary, 664 South Wawaset Road,
West Chester, PA 19382; or email to secretary@pocopson.org or mail to Township Secretary,
P.O. Box 1, Pocopson, PA 19366