



SCHWENKSVILLE BOROUGH

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Schwenksville, Pennsylvania 19473

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SCHWENKSVILLE BOROUGH RENTAL REGISTRATION FORM

DATE _____

In accordance with SCHWENKSVILLE BOROUGH Ordinance No. 398, owners of all properties possessing one or more rental units shall register these units on a RENTAL REGISTRATION FORM provided by the Borough by March 15th of each year, and within thirty (30) days of purchasing a rental property and within 15 days of a change of occupant. Additionally, all rental units require a Use and Occupancy Inspection prior to re-occupancy.

OWNER INFORMATION

Name of Owner: _____

Address of Owner: _____

Phone Number of Owner: _____

Emergency Phone Number: _____

Email of Owner: _____

CONTACT INFORMATION

Property Manager Name: _____ Phone: _____

Property Manager Email: _____

PROPERTY INFORMATION

Rental Unit Community Name (If Any): _____

Number of Apartment Buildings on property: _____

Number of Rental Units on Property: _____

Number of Single Family Rental Units (separate properties) to be registered: _____

RENTAL UNIT INFORMATION

Rental Unit Address: _____ Unit # _____

Number of Bedrooms: _____ Number of Parking Spaces: _____

Tenant Name (s): _____

Tenant Phone Number: _____ Optional Email: _____

Do any of the occupants wish to register with the Emergency Management Coordinator for needing Special Accommodations during an evacuation or an emergency event? Yes No

PLEASE USE PAGE 2 ON BACK OF FORM FOR MORE THAN ONE RENTAL UNIT OR SEPARATE FORMS

MULTI-RENTAL UNIT INFORMATION CONTINUED FROM PAGE 1

RENTAL UNIT INFORMATION

Rental Unit Address: _____ Unit # _____

Number of Bedrooms: _____ Number of Parking Spaces: _____

Tenant Name (s): _____

Tenant Phone Number: _____ Optional Email: _____

Do any of the occupants wish to register with the Emergency Management Coordinator for needing Special Accommodations during an evacuation or an emergency event? Yes No

RENTAL UNIT INFORMATION

Rental Unit Address: _____ Unit # _____

Number of Bedrooms: _____ Number of Parking Spaces: _____

Tenant Name (s): _____

Tenant Phone Number: _____ Optional Email: _____

Do any of the occupants wish to register with the Emergency Management Coordinator for needing Special Accommodations during an evacuation or an emergency event? Yes No

RENTAL UNIT INFORMATION

Rental Unit Address: _____ Unit # _____

Number of Bedrooms: _____ Number of Parking Spaces: _____

Tenant Name (s): _____

Tenant Phone Number: _____ Optional Email: _____

Do any of the occupants wish to register with the Emergency Management Coordinator for needing Special Accommodations during an evacuation or an emergency event? Yes No