

CITY OF SCRANTON
APPLICATION FOR RENTAL REGISTRATION
PURSUANT TO FILE OF THE COUNCIL NO. 7, 2014



**APPLICATION WILL NOT BE PROCESSED UNLESS APPLICATION
IS FILLED OUT IN FULL**

Address of Rental Unit: _____

Name of Owner: _____

Tax Map # _____

Work/Cell Phone: _____

Home Phone: _____

Address: _____

City: State: Zip: _____

If owner is a Business, name of contact person: _____

Number of Units: _____

CITY OF SCRANTON ORDINANCE requires a local agent if owner does not live within a twenty (20) mile radius of the City:

Name of Agent: _____

Work/Cell Phone: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

If owner is a Business, name of contact person: _____

The following is required prior to issuance of a Rental Registration Certificate. Please place check to indicate compliance:

- Real Estate Taxes are paid in full up to date
- Waste Disposal Fees are paid in full up to date
- Minimum of 50,000.00 of Liability and Casualty Insurance on Property
(Provide information)

Company: _____ Policy No: _____ Expiration Date: _____

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18PA. C.S. 4903 and 4904 if I have provided false answers and statements.

Signature of Owner or Authorized Agent

_____ Date