

Registration No. _____

**BOROUGH OF CURWENSVILLE
ANNUAL RESIDENTIAL RENTAL PROPERTY
REGISTRATION FORM**

900 Susquehanna Ave
Curwensville, PA 16833
814-236-1840

Owners Contact Information

_____ Check here if contact information has changed.

Owner's Name: _____

Mailing Address: _____
Street

Mailing Address: _____
City State Zip Code

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Local Agent Information: If the Owner does not reside within 60 miles of the rental unit OR is not able to be contacted on a 24-hour basis, the Owner must provide information for a Local Agent who resides in Clearfield County or an adjoining County AND is able to respond reasonably in the event of an emergency on a 24-hour basis.

_____ Check here is information has changed.

Agent's Name: _____

Mailing Address: _____
City State Zip Code

Telephone: _____ Cell: _____

Fax: _____ E-mail: _____

Fee Schedule:

Number of units: _____ @ \$25.00 each Total Amount Due: \$ _____

Unit Type (circle all that apply)

Single Family Duplex Three-plex Four-plex Multi-Family

By signing this form the Owner and Local Agent (if applicable) agree to comply with the following terms:

- ## FAILURE TO REGISTER

I hereby declare under penalty of perjury that all information given on this application for the purpose of securing a Certificate of Residential Rental Registration, and determining the amount due, is true and correct.

Date

Date _____

[illegible]

[illegible]