



**Borough of St. Lawrence**

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Reading PA 19606-2372

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**LANDLORD ANNUAL REGISTRATION FORM - COMMERCIAL**

**Property Address:** \_\_\_\_\_

**Number of Units:** \_\_\_\_\_ **(Commercial Only)**

**Property Owner Name:** \_\_\_\_\_

If Property Owner is a corporation, partnership, or entity other than an individual; Contact Information for a principal:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note: If property owner does not live within 50 miles of the Borough a local agent must be appointed. You must complete the PROPERTY OWNER'S AUTHORIZATION OF AGENT TO ACT ON OWNER'S BEHALF**

**Authorized Agent on File:** \_\_\_\_\_

**Person Authorized to Make or Order Repairs:**

**OWNER**

**AGENT**

**OR PERSON NAMED BELOW:**

Name of Person Authorized to Make or Order Repairs: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**24/7 EMERGENCY CONTACT INFORMATION:** Please provide the name(s) and phone number that is available 24/7

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

**" The undersigned verifies that the statements made in the foregoing application are true and correct and are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities."**

Property Owner/Agent Name (Please Print): \_\_\_\_\_

Property Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_