

**Borough of St. Lawrence**

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Reading PA 19606-1407

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LANDLORD ANNUAL REGISTRATION FORM - RESIDENTIAL

Property Address: _____

Number of Units: _____ **(Residential 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: _____