

**RESIDENTIAL RENTAL REGISTRATION FORM**  
**Per Ordinance 2006-6,**  
**Copy, of which is on file at the Dillsburg Borough Office**

Property Location: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of Units at this location: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

**Tenants Names and Apartment/House Numbers** (Full names of **ALL** Tenants 18-years & older)

Completed and correct information is Required!

#1 Occupant Name: \_\_\_\_\_

Mailing Address (if other than property location ie. PO Box) \_\_\_\_\_

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

#2 Occupant Name: \_\_\_\_\_

Mailing Address (if other than property location ie. PO Box) \_\_\_\_\_

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

#3 Occupant Name: \_\_\_\_\_

Mailing Address (if other than property location ie. PO Box) \_\_\_\_\_

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

#4 Occupant Name: \_\_\_\_\_

Mailing Address (if other than property location ie. PO Box) \_\_\_\_\_

Occupant Apartment/House #: \_\_\_\_\_ Occupant Phone #: \_\_\_\_\_

**\*For additional occupants – Please use separate sheet\***

Any Handicap or Special needs persons reside on the property? \_\_\_\_\_

---

**Registration fee must be paid at time of registration.**

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL To: Dillsburg Borough Office, 151 S. Baltimore Street, Dillsburg, PA 17019