



BOROUGH OF WEST READING

CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611
 (610) 374-8273 Fax: (610) 374-8419
 E-mail: wrcodes@westreadingborough.org

Rental Housing Registration Form

All sections of this form must be completed. Incomplete forms will be returned to the applicant.
 A separate application is required for each tax parcel.

Residential Rental Dwelling	
Rental Property Address:	
Number of Residential Dwelling Units:	
Any Units Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Registration	
<input type="checkbox"/> New Rental	<input type="checkbox"/> Change of Management
<input type="checkbox"/> Increase/Decrease of Units	<input type="checkbox"/> Owner Occupied
Property Owner(s)	
Name:	
Address:	
Telephone #'s:	
Email Address(es):	
Local Agent or Manager of Property (if applicable)	
Name:	
Address:	
Telephone #'s:	
Email Address(es):	
Agent/Manager will oversee: <input type="checkbox"/> Inspections <input type="checkbox"/> Tenant Listings <input type="checkbox"/> Payment of Invoices	
Special Instructions:	
Description of Rental Unit(s) (if applicable) (i.e. Apt. 1, or Apt. A, etc.)	
I hereby certify by signing this form that I am the owner and/or authorized agent of said property; and to the best of my knowledge, all provided information herein is complete, accurate and true.	
Signature of Applicant:	
Printed Name:	Date: