

PORT CARBON BOROUGH RENTAL PROPERTY REGISTRATION

DATE: _____

Name: _____

Mail Address: _____

Mail Address 2: _____

City, State, ZIP: _____

Phone Number: _____

Agent Information (if applicable)

Name: _____

Mail Address: _____

Mail Address 2: _____

City, State, ZIP: _____

Phone Number: _____

Address of Proposed Rental: _____

Insurance Information (complete or provide a Certificate of Insurance)

Insurance Company Name: _____

Policy Number: _____

Policy Expiration: _____

TOTAL NUMBER OF UNITS IN RENTAL _____ **x \$5.00 = TOTAL DUE** _____

OFFICE USE ONLY

CASH MONEY ORDER CHECK # _____

MAKE CHECKS PAYABLE TO 'PORT CARBON BOROUGH'

Forms and payment may be mailed to:

**Borough of Port Carbon
301 First St., P.O. Box 71
Port Carbon PA 17965**

**BOROUGH OF PORT CARBON
OCCUPANT PERMIT**

DATE: _____

NAME: _____

ADDRESS: _____

UNIT NUMBER: _____

PHONE NUMBER: _____

LANDLORD: _____

US CITIZEN

NAME OF ALL OCCUPANTS

YES NO

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

TOTAL NUMBER OF OCCUPANTS _____ x \$10.00 = TOTAL DUE _____

Permit only valid for registration of occupants(s) for the above unit.

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