



**DEPARTMENT OF PROPERTY MAINTENANCE & INSPECTION**

24 KENNEDY STREET  
BRADFORD, PA 16701

(814) 362-3884 x126  
Fax: (814) 368-3335

**NON-OWNER OCCUPIED PROPERTY REGISTRATION**

<b>RENTAL STREET ADDRESS</b>	
Property Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Unit
Owner Occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Rental Units	
Registrant (Person Submitting)	
Email of Registrant (required)	
<p>By signing on the line below, I am certifying that all of the information on this and any attached pages are accurate and complete. I am also aware of the responsibilities placed on me by the City's rental ordinance. A copy of this ordinance is available on the City's website (www.bradfordpa.com) or by contacting the Department of Property Maintenance office.</p> <p>X _____ Date _____</p>	

**CONTACT INFORMATION** (Please PRINT information for all owners/contacts. Attach another page if needed)

Owner	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Lienholder	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Insurer	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Responsible Local Agent (If other than property owner)	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Authorized to Make Repairs	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____

**PLEASE COMPLETE THE NEXT PAGE**



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**UNIT INFORMATION** (For Unit #, please use the USPS mailing designation like: Apt 1, A, 1/2, Front, Basement etc.)

UNIT NUMBER: \_\_\_\_\_ Owner Occupied: Yes No Maximum Tenants Allowed: \_\_\_\_\_  
BEDROOMS: 1 2 3 4 5 Efficiency/Loft  
LOCATION: Single Family Basement Front Rear Upper Lower Left Right Garage Other

UNIT NUMBER: \_\_\_\_\_ Owner Occupied: Yes No Maximum Tenants Allowed: \_\_\_\_\_  
BEDROOMS: 1 2 3 4 5 Efficiency/Loft  
LOCATION: Single Family Basement Front Rear Upper Lower Left Right Garage Other

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**DMPI Office Use Only**  
Fee Paid for this Property \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ GF Acct 01.331.000  
Other properties associated with this check/payment \_\_\_\_\_  
Garbage: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Taxes: \_\_\_\_\_  
Remarks:

**PLEASE COPY THIS PAGE AS NECESSARY FOR ADDITIONAL UNITS**