

RESIDENTIAL UNITS: _____
X \$10 EACH =
\$ _____
TOTAL PAYMENT SUBMITTED:
\$ _____

RENTAL UNIT REGISTRATION

BOROUGH OF STROUDSBURG
700 SARAH STREET
STROUDSBURG, PA 18360
 Phone (570) 421-5444 Fax (570) 421-2690
www.StroudsburgBoro.com
 Please Print Additional Forms From Website

OFFICE USE ONLY
PAYMENT INFO
 AMOUNT: \$ _____
 CHECK #: _____
 DATE: _____
 REC'D BY: _____

Rental Property Information

Rental Property Address:		**REQUIRED**
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If your property has multiple street addresses, please use a DIFFERENT form for EACH ADDRESS.

Property Owner Information

Owner Name:		
Mailing Address:		
Phone Number:		E-mail:
PROPERTY MANAGER INFO	<i>All property owners who are not FULL-TIME residents of Monroe County MUST designate a property manager who resides within the County.</i>	
Property Manager Name:		
Phone Number:		E-Mail:
Signature:	Date:	<input type="checkbox"/> Property Owner <input type="checkbox"/> Manager

Residential Tenant Information (\$10 Per Unit)

UNIT # _____	(Adult Tenants Only)	
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	
Full Name		
Email		Phone

COMMERCIAL / BUSINESS RENTALS ONLY (NO FEES)

Business Name:	Unit #
Business Name:	Unit #
Business Name:	Unit #

<input type="checkbox"/> I CERTIFY THAT THERE ARE NO RESIDENTIAL RENTALS AT THIS ADDRESS. _____	PROPERTY OWNER / MANAGER SIGNATURE
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