West Goshen Township Rental Registration Form

1025 Paoli Pike, West Chester, PA 19380

Phone: 610-696-5266   Fax: 610-429-0616

Please complete the applicable information below. Attach additional sheets if needed.

1. **New Registration** ☐   **New Owner** ☐   **New Tenant** ☐   **Change of Address, etc.** ☐   **Date:** _____

2. **Rental Address:** _____   _____   _____

               NUMBER   **N/S/E/W**   **STREET NAME** & (Ave., Ct., Sq., Dr., Row, Way, Place, Circle, St., Blvd., Lane, Etc.)

3. **Owner(s) Name(s):** _____

   Mailing Address: _____

   Do NOT give a PO Box.

   Phones: **Day** (____) _____ **Ext.** _____ / **Evening** (____) _____ **Ext.**

        Emergency Phone: (If different from above) (____) _____ **Ext.**

        Cell Phone: (____) _____ / **Fax** (____) _____

   E-Mail Address: _____

4. **Property Manager Name(s):**   If different than above. _____

   Mailing Address: _____

   Do NOT give a PO Box.

   Phones: **Day** (____) _____ **Ext.** _____ / **Evening** (____) _____ **Ext.**

        Emergency Phone: (If different from above) (____) _____ **Ext.**

        Cell Phone: (____) _____ / **Fax** (____) _____

     E-Mail Address: _____

1. **Dwelling Unit Information:**

2. **Type of Dwelling:** Single Family ☐   Duplex ☐   Townhouse ☐   Other (be specific) _____

    Year Built _____   Number of levels _____   No. of sleeping rooms rented _____ **Basement:** Yes_____ No _____

    No. of Smoke Detectors _____ **Type of Smoke Detector(s):** ☐ Hard Wired & Battery Backed   **Inter-connected per regulation:** Yes_____ No _____

    Carbon Monoxide Alarms installed: ☐ Battery   ☐ Plug-In   ☐ Hard Wired

6. Tenant Registration

Does the Property Owner reside in the residence?   Yes_____   No _____

Please list all unit numbers of every rental unit whether the unit was occupied of vacant during the calendar year. Provide the names of all tenants who were 18 years of age or older and who resided in that specific unit at any time during the calendar year.

Rental Unit Number	**Tenant(s) Names** (18+ Years Old)	**Occupancy Dates**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of **Occupants** in **Each Rental Unit** _____