

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 () _____

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 () _____

5. Dwelling Unit Information:

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 (Circle One) 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 or 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 _____