

**CITY OF JOHNSTOWN
PROPERTY REGISTRATION
DATA SHEET**

PLEASE PRINT LEGIBLY OR TYPE.

(Sections II and III are only to be completed for rental units)

SECTION I.

Owner or Landlord Name: _____

Home Address: _____

City, State & Zip Code: _____

Phone Number: _____

IF MANAGER IS RESPONSIBLE PLEASE COMPLETE SECTION II.

SECTION II. (If applicable)

Manager's Name: _____

Manager's Address: _____

City, State & Zip Code: _____

Phone Number: _____ **Cell Number** _____

SECTION III.

Tenant Name: _____

Rental Property Address: _____

Number of Units: _____

Date of Ownership: _____

The information supplied above is being given in compliance with City Ordinance No.5002. I also understand that my failure to remain in compliance with this ordinance can subject me to fines outlined within. I reserve the right to contact the City at any time during normal business hours to verify my tenant's accounts.

Owner's Signature _____

Date _____

Contact Person: e-mail or fax # _____