

**CITY OF JOHNSTOWN
RENTAL PROPERTY REGISTRATION FORM**

SECTION I

Owner or Landlord Name _____

Home Address _____

City, State, & Zip Code _____

Home Phone Number _____ Cell Number _____

SECTION II

IF PROPERTY MANAGER IS RESPONSIBLE PLEASE COMPLETE

Property Manager's Name _____

Property Manager's Address _____

City, State, & Zip Code _____

Home Phone Number _____ Cell Number _____

SECTION III

Rental Property Address _____

Owner Occupied Yes _____ No _____

Number of Units _____ Date of Ownership _____

Name(s) of Tenants (shall include all persons residing within) _____

Contact Person _____ Home Phone # _____

Public Utilities Registered as Owners _____ Renter _____

The information supplied is being given in compliance with City Ordinance #5102, I understand my failure to remain in compliance with this ordinance can subject me to fines outlined within. I reserve the right to contact the City of Johnstown during normal business hours to verify my tenant's accounts.

Owner's Signature _____ Date _____

***Please send this completed form to tteno@cojtw.com or mail to: City of Johnstown, Community and Economic Development, 401 Main Street, Johnstown, PA 15901