

**ROYERSFORD BOROUGH**  
**300 MAIN STREET**  
**ROYERSFORD, PA 19468 OFFICE 610-948-3737 FAX 610-948-2915**

**RESIDENTIAL RENTAL LICENSE APPLICATION**  
Registration Fee: \$30/Application

Location of Structure: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Rental Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Per Ordinance No. 889, residential rental units must provide the following information for registration. It is mandatory that all information on this form be completed before it is submitted to the Borough.

Tenant #1 Name(s): \_\_\_\_\_

Tenant #1 Address: \_\_\_\_\_

Tenant #1 Phone #: \_\_\_\_\_

Tenant #2 Name(s): \_\_\_\_\_

Tenant #2 Address: \_\_\_\_\_

Tenant #2 Phone #: \_\_\_\_\_

Tenant #3 Name(s): \_\_\_\_\_

Tenant #3 Address: \_\_\_\_\_

Tenant #3 Phone #: \_\_\_\_\_

Tenant #4 Name(s): \_\_\_\_\_

Tenant #4 Address: \_\_\_\_\_

Tenant #4 Phone #: \_\_\_\_\_

\*\*For more than 4 units/tenants, please attach an additional list.

\_\_\_\_\_ (Applicant's name - print) verifies that the statements in this application are true and correct to the best of his/her knowledge, Information and belief are made subject of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature