



West Lebanon Township
322 North 22nd Street, Lebanon, PA. 17046
Phone # (717) 274-1598 Fax: (717) 274-5119

REGISTRATION FOR RESIDENTIAL RENTAL LICENSE

Date Registration

Received by TWP _____

FORM MUST BE LEGIBLE

Property Owner Information:

Name: _____

(No Business or LLC / Partnerships)

Property Owner Address: _____

(POST OFFICE BOX NUMBER NOT ACCEPTABLE)

Phone: (Day)(____)_____ Cell #(____)_____ (Evening)(____)_____

Per Ord #498; Property Owner is responsible to have an account established with T-N-T Sanitation, the Contracted Waste Hauler & Recycling Pick-up in West Lebanon Townshin. Contact T-N-T at 717-866-2322.

If owner lives MORE THAN 20 miles from the Township, you MUST have a Property Manager located within a 20-mile radius of West Lebanon Township.

Property Manager Information:

Name: _____ Company: _____

Address: _____

(POST OFFICE BOX NUMBER NOT ACCEPTABLE)

Phone: (Day)(____)_____ Cell #(____)_____ (Evening)(____)_____

Rental / Tenant Information:

Rental Property Address: _____ Unit/Apartment #: _____

Occupant(s) age 18 year or older information

Total Number: _____
Full Name: _____
Full Name: _____
Full Name: _____
Full Name: _____
Full Name: _____

Occupant(s) 17 years or younger information

Total Number: _____
Name _____
Name _____
Name _____
Name _____
Name _____

Tenant Phone Number(s) (____)_____
(____)_____

Annual Fee is \$50.00 per dwelling unit and \$20 per rooming house unit. Payment must accompany registration form. Make check payable to; West Lebanon Township. Forms must be returned by April 15

Tenant is Property Owner's: (Circle one if applicable)
Parent / Grandparent / Child / Grandchild / Sibling / Aunt/Uncle

Signature of Property Owner: _____ Date _____

FOR OFFICE USE ONLY

Registration/License Number: _____ Parcel No: _____

Payment Received: _____ Amount: \$_____ Check No: _____

Date of last inspection: _____ Approved Occupancy: _____