

MILFORD BOROUGH

500 Broad St., Milford, PA 18337

Zoning: 570-296-4255 • Main: 570-296-7140 • Fax: 570-296-6877

Residential Tenant Registration

authorized agent, and further certify that all foregoing statements are true. By signing below, I hereby authorize the Borough Code Enforcement Office or such other individual or firm appointed by the Borough Council, to enter the premises for the purpose of inspection. I understand that an applicatic must be made any time a change of tenancy occurs and that each change of tenancy requires an inspection of the unit to ensure the health, safet	Property Address:		Unit #
TENANT/LEASEHOLDER: (Name of each tenant/leaseholder is required, additional contact information is optional) Name: Phone #Email: Mailing address: City, State, Zip: TENANT/LEASEHOLDER: Name: Phone #Email: Mailing address: City, State, Zip: APPLICANT: Applicant is Owner Managing Agent Printed Name of Applicant: ***Must be the name of the person signing the application Il hereby certify that I am the owner of the above referenced property, or I have been authorized by the owner to make this application as his/he authorized agent, and further certify that all foregoing statements are true. By signing below, I hereby authorize the Borough Code Enforcement Office or such other individual or firm appointed by the Borough Council, to enter the premises for the purpose of inspection. I understand that an application must be made any time a change of the anery occurs and that each change of tenancy requires an inspection of the unit to ensure the health, safet and welfare of the resident. Failure to register a new tenant and/or allow the inspection of the unit is a violation of the Borough Code and may result fines in accordance with the ordinance.	Rental Date:	Number of Occupants:	
Name:	Type of Lease: ☐ Month	nly ☐ Annual ☐ Long-term - Indicate length of le	ease:
Phone #Email:		•	contact information is optional)
TENANT/LEASEHOLDER: Name: Phone #Email: Mailing address: City, State, Zip: APPLICANT: Applicant is Owner Managing Agent Printed Name of Applicant: **Must be the name of the person signing the application I hereby certify that I am the owner of the above referenced property, or I have been authorized by the owner to make this application as his/he authorized agent, and further certify that all foregoing statements are true. By signing below, I hereby authorize the Borough Code Enforcement Office or such other individual or firm appointed by the Borough Council, to enter the premises for the purpose of inspection. I understand that an application must be made any time a change of tenancy occurs and that each change of tenancy requires an inspection of the unit to ensure the health, safet and welfare of the resident. Failure to register a new tenant and/or allow the inspection of the unit is a violation of the Borough Code and may result fines in accordance with the ordinance.			
TENANT/LEASEHOLDER: Name:	Mailing address:		
Phone #	City, State, Zip:		
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	Signature of Applicant:	Date:	

Unit inspections are only required at change of tenancy. If a unit is occupied at time of Rental Registration, a unit inspection will not be performed and a unit inspection fee is not required. The tenant registration form, however, is still required.

RENTAL UNIT INITIAL INSPECTION FEE: \$100.00 REINSPECTIONS: \$70.00 PAYABLE TO MILFORD BOROUGH
Any items found to require correction during the initial inspection must be completed within 45 days and re-inspected for compliance.
Each re-inspection required incurs a \$70.00 fee payable to Milford Borough and must be paid prior to requesting an inspection.