

**BOROUGH OF NEWVILLE**  
**RENTAL PROPERTY LICENSE APPLICATION**  
**-Application Fee of \$30.00 Payable Upon Submission-**

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

Address of Owner: \_\_\_\_\_

City State Zip Code

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

City State Zip Code

Location of Rental Property \_\_\_\_\_

Total Number of Bedrooms \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date Submitted: \_\_\_\_\_

***A Tenant Registration Form Must Be Completed for Each Rental Property Location***

**Submit completed form to:**

**Newville Borough Office  
4 West Street  
Newville, PA 17241  
Office Hours: M, T, Th, Fri 8:00AM to 4:30PM**

**APPLICATIONS MUST BE RETURNED BY JANUARY 31, 2017**

**Borough Office Use Only**

**Payment Received: \_\_\_\_\_ Date: \_\_\_\_\_**

**Permit # \_\_\_\_\_**

**Inspection Scheduled: \_\_\_\_\_**

**Re-inspection scheduled: \_\_\_\_\_**

# TENANT REGISTRATION FORM

BOROUGH OF NEWVILLE  
4 WEST STREET  
NEWVILLE PA 17241



Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

List Names of All Tenants, Including Children, Living in the Above Unit.

NAME	ADULT OR CHILD	DATE OCCUPIED

List Names of Tenants, Including Children, Who Have Vacated the Unit.

NAME	ADULT OR CHILD	DATE VACATED

PROPERTY OWNERS ARE REQUIRED TO COMPLETE A NEW REGISTRATION FORM WITHIN THIRTY (30) DAYS OF ANY CHANGE IN OCCUPANCY.

Signature \_\_\_\_\_ Date \_\_\_\_\_