



CITY OF BRADFORD - Code Enforcement Program

25 Chestnut Street, Bradford, PA 16701 • Phone: 814-368-6577

PROPERTY REGISTRATION FORM

Street Address: _____

Number of Rental Units at this Address _____ Single Family Multi-Unit

All of the information listed below is accurate and complete.

Signature of Owner or Authorized Agent _____ Date _____

OWNER INFORMATION: Please List Information for ALL Owners – attach additional page, if needed.

OWNER #1	Residence Address <i>(include City, State & Zip Code)</i>

Phone # _____	Cell Phone # _____ E-Mail _____

OWNER #2	Residence Address <i>(include City, State & Zip Code)</i>

Phone # _____	Cell Phone # _____ E-Mail _____

RESPONSIBLE LOCAL AGENT: <i>(If other than Owner)</i>	Residence Address <i>(include City, State & Zip Code)</i>

Phone # _____	Cell Phone # _____ E-Mail _____

LIENHOLDER(S) ON PROPERTY :	Address <i>(include City, State & Zip Code)</i>

Phone # _____	Fax # _____ E-Mail _____

INSURANCE CARRIER:	Address <i>(include City, State & Zip Code)</i>

Policy Effective from _____ to _____	Phone # _____ Fax # _____

TENANT INFORMATION: Please list information for ALL tenants occupying property.

(List names of all occupants in this unit.)	# OF TENANTS OCCUPYING UNIT _____
TENANT #1 NAME(S) _____	
UNIT # _____ (example 1, 2, or a, b)	LOCATION OF UNIT <input type="checkbox"/> Single family house <input type="checkbox"/> lower <input type="checkbox"/> upper <input type="checkbox"/> front <input type="checkbox"/> rear <input type="checkbox"/> left side <input type="checkbox"/> right side
Phone # _____	UNIT TYPE: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> Other
Cell Phone # _____	LEASE: Month to Month _____ 1 Year _____ Expire Date: _____

(List names of all occupants in this unit.)	# OF TENANTS OCCUPYING UNIT _____
TENANT #2 NAME(S) _____	
UNIT # _____ (example 1, 2, or a, b)	LOCATION OF UNIT <input type="checkbox"/> Single family house <input type="checkbox"/> lower <input type="checkbox"/> upper <input type="checkbox"/> front <input type="checkbox"/> rear <input type="checkbox"/> left side <input type="checkbox"/> right side
Phone # _____	UNIT TYPE: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> Other
Cell Phone # _____	LEASE: Month to Month _____ 1 Year _____ Expire Date: _____

(List names of all occupants in this unit.)	# OF TENANTS OCCUPYING UNIT _____
TENANT #3 NAME(S) _____	
UNIT # _____ (example 1, 2, or a, b)	LOCATION OF UNIT <input type="checkbox"/> Single family house <input type="checkbox"/> lower <input type="checkbox"/> upper <input type="checkbox"/> front <input type="checkbox"/> rear <input type="checkbox"/> left side <input type="checkbox"/> right side
Phone # _____	UNIT TYPE: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> Other
Cell Phone # _____	LEASE: Month to Month _____ 1 Year _____ Expire Date: _____

(List names of all occupants in this unit.)	# OF TENANTS OCCUPYING UNIT _____
TENANT #4 NAME(S) _____	
UNIT # _____ (example 1, 2, or a, b)	LOCATION OF UNIT <input type="checkbox"/> Single family house <input type="checkbox"/> lower <input type="checkbox"/> upper <input type="checkbox"/> front <input type="checkbox"/> rear <input type="checkbox"/> left side <input type="checkbox"/> right side
Phone # _____	UNIT TYPE: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> Other
Cell Phone # _____	LEASE: Month to Month _____ 1 Year _____ Expire Date: _____