



**CITY OF BRADFORD**  
**Department of Property Maintenance and Inspection**  
 24 Kennedy Street, Bradford, PA 16701  
 Phone: 814-362-3884, ext. 126 • Fax: 814-368-3335  
 Email: dpmi@atlanticbb.net

## PROPERTY REGISTRATION FORM 2016

**Registration Fees: \$35.00 per unit for the first four units at each property location.  
 \$25.00 for each additional unit over four at the same property location.**

**Make Checks Payable to the City of Bradford**

**RENTAL STREET ADDRESS:** \_\_\_\_\_

**Number of Rental Units at this Address** \_\_\_\_\_ **Single Family**  **Multi-Unit**

**Insurer** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
 (Company Name, Address, City, State and Zip Code)

By signing below, I am certifying that all of the information on this and any attached pages are accurate and complete. I am also aware of the responsibilities placed on me by the City's rental ordinance. A copy of this ordinance is available on the City's website ([www.bradfordpa.com](http://www.bradfordpa.com)) or by contacting the Property Maintenance office.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date

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

OWNER (Please Print) _____	Owner's address (include city, state and zip code) _____
Phone # _____	Cell Phone # _____
E-mail: _____	Fax: _____

RESPONSIBLE LOCAL AGENT (IF OTHER THAN OWNER) _____	Address (include city, state and zip code) _____
Phone # _____	Cell Phone # _____
E-mail: _____	Fax: _____

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_

**DPMI Office Use Only:**  
 Fee paid for this property \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash / Check -- Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 Other properties associated with this check/payment: \_\_\_\_\_

**Please complete reverse side of this form.**

Page 2. ADDRESS OF RENTAL: \_\_\_\_\_ # of Units Total \_\_\_\_\_

Any person authorized to make repairs: \_\_\_\_\_

Name \_\_\_\_\_

Address (include city, state & zip code) \_\_\_\_\_

Phone# \_\_\_\_\_

Cell# \_\_\_\_\_

E-mail \_\_\_\_\_

Unit # \_\_\_\_\_ (example 1, 2, or a, b)

NUMBER OF TENANTS OCCUPYING UNIT \_\_\_\_\_

**LOCATION OF UNIT**  Single Family House  Garage Apt  Lower  Upper  Front  Rear  Left Side  Right Side

**UNIT TYPE:**  Efficiency  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom  Other \_\_\_\_\_

Maximum # of Tenants permitted by Owner in this unit \_\_\_\_\_

Unit # \_\_\_\_\_ (example 1, 2, or a, b)

NUMBER OF TENANTS OCCUPYING UNIT \_\_\_\_\_

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Maximum # of Tenants permitted by Owner in this unit \_\_\_\_\_

**Please copy this page as necessary for additional units.**