

For Office use only:

Date Received: ____/____/____

By: _____

For Office use only:

Payment received: ____/____/____

cash check # _____

CHRISTIANA BOROUGH

P.O. Box 135
10 West Slokom Avenue
Christiana, PA 17509
(610) 593-5199

RENTAL LICENSE APPLICATION

This form is to be filed with the Borough by January 31st of each year. Please update information when a change in tenant occurs. Forms are available online at www.christianaboro.com or at the borough office.

Please return form to: Christiana Borough, P.O. Box 135, Christiana, PA 17509
or fax to: (610) 593-7073

All information below is required:

Date: _____ Parcel Number: _____

Street Address of Rental Property: _____

Number of Residential Units _____

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number of Property Owner: _____

Contact Information for Property Manager (if different than property owner)

Name: _____ Phone: _____

Address: _____

Property Owner Signature: _____