

Borough of Collingdale

800 MacDade Boulevard
Collingdale, Pennsylvania 19023

Phone: 610-586-0500

Fax: 610-586-9065

Annual Rental Dwelling License Application

Rental License Fee: \$90.00

Re-inspection Fee: \$50.00

Please make checks payable to: *"Borough of Collingdale"*

Rental Property Address: _____ # of Units within property: _____

Current Owner/Landlord Name and Address: _____

Telephone #: _____ Cell Phone #: _____

Apt/Unit #: _____

ALL PROPERTIES MUST COMPLY WITH ORDINANCE #617

Rental Unit Description : Number of rooms (List number):

Kitchen(s) ___ Bathroom(s) ___ Living Room(s) ___ Dining Room(s) ___ Bedroom(s) ___ Other ___

Is there an apartment or sleeping quarters on the 3rd floor or higher? Yes No

IMPORTANT: THE FOLLOWING INFORMATION MUST BE COMPLETED!

List all residents that reside at this property, please include unit numbers.

USE ADDITIONAL SHEETS IF NECESSARY.

Tenant Information:

Name, Address, Unit #	Total # Individual/Family Members Occupying Unit	Total # of Occupanrts
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Fee Paid: _____ Date: _____ Cash Check #: _____ Received by: _____
