

Borough of Collingdale
 800 MacDade Boulevard
 Collingdale, Pennsylvania 19023

Phone: 610-586-0500

Fax: 610-586-9065

Annual Rental Dwelling License Application

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 _____

Are 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.

Resident Information:

Resident Name, Address, Unit #	Total # Individual/Family Members Occupying Unit	Total # of Occupants
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____
_____ _____ _____	_____	_____

Paid: _____ Date: _____ Cash Check #: _____ Received by: _____