

ATGLEN BOROUGH

APPLICATION FOR INSPECTION OF RENTAL PROPERTY

Date: _____

Owner: _____

Property Address: _____

Billing Address: _____

Phone:

Home: _____

Work: _____

Cell: _____

Email Address: _____

Tax Parcel Number

Applicant's Signature

How many rental units are on the property? _____

Total Single Unit Due: **\$60.00**

Please make checks payable to "Atglen Borough"

For Borough Use Only:	
Date Received _____	Amount Received _____
Check No _____	Cash _____
Date and Time Inspection is scheduled: _____	