City of Washington 55 West Maiden Street Washington PA 15301

City of Washington

Rental Registration 55 West Maiden Street Washington PA 15301

Phone: (724) 223-4200 Option 1 Ext6 washington.cityclerk@gmail.com

2024 / \$15.00 per unit



Account Number

Location / Unit

Due Date: November 4, 2024

REGISTRATION FORM ON PAGE 2 & 3 BELOW

NOTE:

- ***NEW*** Registration now requires a \$15.00 annual fee per unit. You may write one check for multiple properties, but all units require their own registration forms.
- Registration forms must accompany payment (made payable to City of Washington) and can be mailed to:

City of Washington Rental Registration 55 West Maiden Street Washington, PA 15301

- Registration and payment may also be completed online at https://washingtonpa.us/rental-registration. (Credit Card Fees applicable)
- Failure to return the completed Rental Registration Application by the due date will result in your account being in **noncompliance with Ordinance No. 1855**, resulting in penalties and inspection fees added to your account.
- A form must be completed for every rental property (including unoccupied rentals) and returned by due date. A \$108.00 penalty will be accessed for each account/unit not in compliance.
- O To receive a date-stamped receipt be sure to include a postage paid self-addressed envelope.

Permit

FEE PER UNIT: \$15.00

DUE DATE: November 4, 2024

City of Washington Rental Registration 2024

Loc	ati	on
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Account Number:

DATE RECEIVED:

Customer Copy

THIS FORM IS NOT PROOF OF COMPLIANCE UNLESS DATE STAMPED BY THE CITY CLERK. COMPLETE FORM BELOW.

You must include a postage paid self-addressed return envelope to receive a date stamped receipt.



City of Washington

55 West Maiden Street, Washington PA 15301

Phone: 724-223-4200 Option 1 Ext 6- Fax: 724-223-4229

RENTAL REGISTRATION APPLICATION

Complete $\underline{\text{ONE}}$ Application $\underline{\text{Per Unit}}$

Due Date: November 4, 2024

Fee: \$15.00 per unit annually	NAME: ACCOUNT NUMBER:					
Year: 2024	SERVICE LOCATION					
Section I: Type of Registration	SERVICE ECCATION					
□ New □ Renewal □ Update of property/owner information	☐ Unoccupied (New form must be updated once occupied.)					
Section II: Owner Information This section refers to the owner or owners who	hold legal title (required)					
Owner's Name:						
Owner's Address:						
City:	_State:Zipcode:					
Primary Phone #:Secondar	Secondary Phone #:					
Fax #:Email Address:						
Section III: Property Management Information Broker License #						
Name of Management Company:						
Address:						
City:	_State:Zipcode:					
Primary Phone #:Second	dary Phone #:					
Fax #:Email Address:	Email Address:					
Section IV: Rental Property Location						
Location:	UNIT #:					
Parcel Number:						



City of Washington

55 West Maiden Street, Washington PA 15301 RENTAL REGISTRATION APPLICATION

Due Date: November 4, 2024

«AccountNum»

Section V:	Tenant Registration *						
Last Name Fi		rst Name		Initial	Phone Number		
	t additional tenant registrations of	n back.					
Section VI:	Type of Rental Unit						
Check one	☐ Single Family	-	☐ Two-Family Dwelling ☐ Multi		•	☐ Hotel/Motel	
Crieck one	Rooming House/ Dorm Rooms Boarding			☐ Person	al Care		
Length of Lea	ase	Lease Expiration	DateDate of Residency				
Section VII	: Registration Fees						
Description		Charge			Total		
Annual Rent	al Registration Permit		\$15.00				\$15.00
Non-Compl	liance Penalty if not submit	tted by 11/4/2024	\$108.00	Total Fee wi	th penali	ty if not paid by11/4	\$123.00
	result in a penalty being added to yo than \$300.00 but	y of <u>\$108.00</u> and th our account. Furtl	ne automati ner violation 000.00 per e	c scheduling on of this ordinates of this ordinates of the contract of the con	of the ur ance wil	cation by due date whit inspection for <u>\$10</u> Il result in a fine of no nth that the rental un	<u>0.00</u> ot less
	RETURN C	OMPLETED APPLI	CATION TO	THE CITY OF	WASHI	NGTON	
	City of Washington	, Rental Registration	, 55 West Ma	aiden Street, Wa	shingtor	n PA 15301	
	eby certify that to the best nances.	t of my knowledge t	his form is c	omplete and co	rrect and	d will conform to all Ci	ty
Sign	ature of Property Owner o	or Manager			Dat	e	-

Receipts will be sent only if you send a self-addressed POSTAGE PAID envelope with your forms

This form may be duplicated if additional forms are needed