APPLICATION FOR TENANT REGISTRATION LICENSE
ORDINANCE NO. 1494

2014

BOROUGH OF DORMONT
1444 Hillsdale Avenue · Pittsburgh, PA 15216
(412) 561-8900 · Fax: (412) 561-7805

Name of Owner _____

Address of Owner _____

City _____**State** _____ **Zip**_____ **Phone ( )** _____

Address (Number & Street)	# Units	x $10 / Unit
		$

□ **Minimum one approved fire extinguisher/unit** □ **Minimum one approved smoke detector/unit**

Management or Agent responsible for building-IF different from owner

Name _____

Address _____ **24 Hour Phone ( )** _____

City _____ **State** _____ **Zip Code** _____

Issuance of this license in no way implies exemption from State or Federal laws. All rental properties within the Borough of Dormont must comply with all requirements set forth in the Building and Zoning Codes. This license is valid for one Fiscal Year (from January 1 through December 31).

_____ _____

Signature of Applicant **Date**

- **LIST NAMES AND PHONE NUMBER OF TENANTS ON REVERSE SIDE**
- **ENCLOSE SELF-ADDRESSED, STAMPED ENVELOPE, IF RENTAL RECEIPT IS REQUESTED**
- **IF YOU HAVE RECENTLY SOLD YOUR PROPERTY OR NO LONGER RENT: PLEASE RESPOND IN ORDER TO AVOID FURTHER NOTICES**
- **MAIL TO THE ATTENTION OF JENNIFER TAYLOR**

PAYMENT BY CREDIT CARD

Check One: □ **Visa** □ **Mastercard** □ **Discover** □ **MAC** **Exp. Date:** _____

Credit Card Account # _____ **Signature:** _____

ONE ADDRESS/BUILDING PER APPLICATION

APPLICATION WILL BE REJECTED IF TENANT NAMES & NUMBERS ARE NOT COMPLETE

FOR OFFICE USE ONLY

Date Payment Received _____ **Amount** _____ **Ck #** _____

License No. _____ **Initials** _____

Tenant Name	**House or Apt. Number**	**Telephone (REQUIRED)**