

**FOSTER TOWNSHIP  
LANDLORD TENANT REGISTRATION APPLICATION**

**(INITIAL FILING OF REPORTS BY LANDLORDS SHALL BE FILED WITH THE FOSTER TOWNSHIP CODE ENFORCEMENT OFFICER WITHIN THIRTY (30) DAYS IN ACCORDANCE WITH THE REPORTING REQUIREMENTS OF THE FOSTER TOWNSHIP LANDLORD-TENANT REGISTRATION AND INSPECTION ORDINANCE)**

**LANDLORD/PROPERTY OWNER INFORMATION**

1. Name of Landlord: \_\_\_\_\_

2. Address of Landlord: \_\_\_\_\_

\_\_\_\_\_

3. Phone Number of Landlord: (    ) \_\_\_\_\_

4. Address of Unit or Dwelling Being Rented: \_\_\_\_\_

\_\_\_\_\_

5. Brief Description of each unit, including number units and whether the unit is occupied or not occupied and a determination of whether the unit is habitable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGENT INFORMATION**

**(EVERY LANDLORD WHO DOES NOT RESIDE WITHIN A TWENTY (20) MILE RADIUS OF THE TOWNSHIP LIMITS MUST APPOINT AND DESIGNATE AN AGENT OR MANAGER)**

6. Name of Agent: \_\_\_\_\_

**FOSTER TOWNSHIP  
LANDLORD TENANT REGISTRATION APPLICATION**

1. NAME OF TENANT \_\_\_\_\_  
ADDRESS OF TENANT \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER OF TENANT (     ) \_\_\_\_\_

2. NAME OF TENANT \_\_\_\_\_  
ADDRESS OF TENANT \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER OF TENANT (     ) \_\_\_\_\_

3. NAME OF TENANT \_\_\_\_\_  
ADDRESS OF TENANT \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER OF TENANT (     ) \_\_\_\_\_

4. NAME OF TENANT \_\_\_\_\_  
ADDRESS OF TENANT \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER OF TENANT (     ) \_\_\_\_\_

7. Address of Agent: \_\_\_\_\_  
\_\_\_\_\_

8. Phone Number or Agent: ( ) \_\_\_\_\_

**TENANT INFORMATION**

**(IF MORE THAN ONE (1) TENANT, COMPLETE ATTACHED SHEET)**

9. Name of Tenant: \_\_\_\_\_

10. Address of Tenant: \_\_\_\_\_  
\_\_\_\_\_

11. Phone Number of Tenant: ( ) \_\_\_\_\_

**INSURANCE INFORMATION**

**(A COPY OF THE CERTIFICATE OF INSURANCE IDENTIFYING THE TOWNSHIP AS A CONTACT PERSON IN THE EVENT THAT THE INSURANCE IS CANCELLED OR NON-RENEWED MUST ACCOMPANY THIS FILING)**

12. Name, address and phone number of Landlord's Insurance Carrier and Agent, including Policy Number, Declaration Page and Policy Expiration Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY SIGNING BELOW, I VERIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND CORRECT BASED UPON MY OWN PERSONAL KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS RELATING HERETO ARE MADE SUBJECT TO PENALTIES OF 18 P.A.C.S.A. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.**

**DATE:** \_\_\_\_\_

**LANDLORD:** \_\_\_\_\_