



RESIDENTIAL RENTAL LICENSE INFORMATION UPDATE

BOROUGH OF MACUNGIE
21 LOCUST STREET
MACUNGIE, PA 18062
Phone: 610-966-2503

Email: zoning@macungie.pa.us

DATE RECEIVED: ___/___/___

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

A: PROPERTY INFORMATION

COMPLETE 1 FORM FOR EACH RENTAL UNIT

ST NUMBER: _____ STREET: _____ APARTMENT / UNIT NO: _____
CITY: _____ STATE: _____ ZIP: _____ LICENSE # RL _____

B: NEW OWNER INFORMATION

HAS THIS RENTAL UNIT CHANGED OWNERSHIP? YES NO

NAME: _____ E-MAIL: _____ **IF NO, SKIP B**
ST NUMBER: _____ STREET: _____
SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: _____

C: OLD TENANT INFORMATION

LIST THE NAMES OF ALL ADULT TENANTS (18 & up) AND THE NUMBER OF MINOR CHILDREN IN THIS DWELLING UNIT

LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____

NUMBER OF MINOR CHILDREN: _____

D: NEW TENANT INFORMATION

LIST THE NAMES OF ALL ADULT TENANTS (18 & up) AND THE NUMBER OF MINOR CHILDREN IN THIS DWELLING UNIT

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NUMBER OF MINOR CHILDREN: _____