



www.bradfordpa.com

DEPARTMENT OF PROPERTY MAINTENANCE & INSPECTION

24 KENNEDY STREET
BRADFORD, PA 16701

(814) 362-3884 x126
Fax: (814) 368-3335

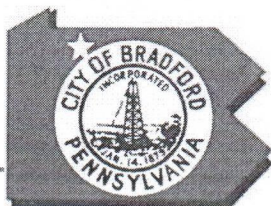
NON-OWNER OCCUPIED PROPERTY REGISTRATION

STREET ADDRESS	
Property Type	☐ Single Family ☐ Multi-Unit
Owner Occupied?	☐ Yes ☐ No
Number of Units	
Registrant (Person Submitting)	
Email of Registrant (required)	
By signing on the line below, I am certifying that all of the information on this and any attached pages are accurate and complete. I am also aware of the responsibilities placed on me by the City's ordinance. A copy of this ordinance is available on the City's website (www.bradfordpa.com) or by contacting the Department of Property Maintenance office.	
X _____ Date _____	

CONTACT INFORMATION (Please PRINT information for all owners/contacts. Attach another page if needed)

Owner	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Lienholder	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Insurer	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Responsible Local Agent (If other than property owner)	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____
Authorized to Make Repairs	Full Name / Company: _____ Phone: Daytime: _____ Mobile: _____ Fax: _____ Email: _____ Address: _____

PLEASE COMPLETE THE NEXT PAGE



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STREET ADDRESS

UNIT INFORMATION (For Unit #, please use the USPS mailing designation like: Apt 1, A, 1/2, Front, Basement etc.)

UNIT NUMBER: _____ Owner Occupied: ☐ Yes ☐ No Maximum Tenants Allowed: _____
BEDROOMS: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Efficiency/Loft
LOCATION: ☐ Single Family ☐ Basement ☐ Front ☐ Rear ☐ Upper ☐ Lower ☐ Left ☐ Right ☐ Garage ☐ Other

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DMPI Office Use Only

Fee Paid for this Property \$ _____ Date _____ Cash / Check # _____ Amount \$ _____ GF Acct 01.331.000
Other properties associated with this check/payment _____
Garbage: _____ Water: _____ Stormwater: _____ Sewer: _____ Taxes: _____
Remarks: _____

PLEASE COPY THIS PAGE AS NECCESARY FOR ADDITIONAL UNITS