



# Borough of Wilkinsburg Code Enforcement

Municipal Building  
605 Ross Avenue

Wilkinsburg, PA 15221

Phone: (412) 244-2923 • Fax: (412) 244-2922

## TENANT REGISTRATION APPLICATION

Date \_\_\_\_\_ Application # \_\_\_\_\_

**TYPE OF REGISTRATION**     ANNUAL     CHANGE OF TENANT     CHANGE OF OWNERSHIP

Property Address \_\_\_\_\_ Usage: Comm.  Res.  Mixed

Property Owner Name \_\_\_\_\_ Lot & Block # \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Home \_\_\_\_\_ Phone Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency/Management Contact \_\_\_\_\_

Emergency/Management Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Home \_\_\_\_\_ Phone Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Fees**    \$ 10.00 per unit

TBC

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

The undersigned hereby represents that, to the best of his/her knowledge, belief that all information listed above is true, correct, and complete; and that all attachments contain the required information.

### Applicant Signature

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Permit Number \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

