

2019 Property Registration Form

Please use a separate registration form for each property

- Make checks payable to **Union Township**
- Return the completed registration and payment to:
Union Township
Code Department
1910 Municipal Drive
New Castle, PA 16101
- If you need additional assistance please contact us at 724-658-5497 or by email at melina@unionsupervisors.com or visit our website at www.uniontownshiplawrencecounty.com

Type of Registration & Fee (check the applicable box below)

Rental Registration <ul style="list-style-type: none"><input type="checkbox"/> \$75.00 per year/per structure<input type="checkbox"/> \$25.00 for each additional apartment in same structure (ex. Duplex, Triplex)
Vacant Registration <ul style="list-style-type: none"><input type="checkbox"/> \$75.00 - vacant 45 days but less than 1 year<input type="checkbox"/> \$250.00 - vacant 1 year but less than 2<input type="checkbox"/> \$500.00 - vacant 2 years but less than 3<input type="checkbox"/> \$1,000.00 - vacant 3 years but less than 5<input type="checkbox"/> \$1,750.00 - vacant for at least 5 years but less than 10<input type="checkbox"/> \$2,500.00 - vacant for at least 10 years

Property Information

Property Address			
Parcel Number			
Type of Structure (check the applicable box below)			
<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Apartment Building Number of Units: _____
<input type="checkbox"/> Vacant Residential Structure		<input type="checkbox"/> All Other Vacant Structures	

Owner Information (refers to the owner or owners who hold legal title to the property)

Name		
Address		
City	State	Zip
Phone	Email	

Alternate Contact Person (refers to a person authorized by the owner to act in his behalf)

Name		
Address		
City	State	Zip
Phone	Email	

Tenant Information (List the names of **ALL** occupants that are eighteen (18) years old and over. Write **VACANT** in the name space below if the unit is currently in between tenants)

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

Check this box if you would like your tenant to be contacted directly to set up an inspection of the property. Otherwise the owner will be contacted to set up arrangements for a property inspection.

Oath/Certification/Payment Every registration shall be made under oath and shall contain the information required to identify the owner of the dwelling(s) to be registered, contact information including a street address and telephone numbers, and identification and contact information for any manager or other alternate contact person for the dwelling(s). By signing and mailing this Registration Form you as the owner are certifying that the information provided in this registry is true and accurate to your best knowledge. This registration does not deem the property as code compliant or habitable.

Applicant's Signature _____

Date _____