

2024 Rental/Vacant Property Registration Form

- Please use a separate registration form for each property address.
- Make checks payable to Union Township.
- Return the completed registration and payment by mail to: Union Township Code Department, 1910 Municipal Drive, New Castle, PA 16101
Or
Drop off registration and payment in the blue drop box located outside of the Township Building.
- If you need additional assistance, please contact us at 724-658-5497 or by email at melina@unionsupervisors.com.

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

<p>Rental Property Registration</p> <p><input type="checkbox"/> \$75.00 per year/per structure</p> <p><input type="checkbox"/> \$25.00 for each additional apartment in same structure (ex. Duplex, Triplex)</p>
<p>Vacant Property Registration</p> <p><input type="checkbox"/> \$75.00 - vacant 45 days but less than 1 year</p> <p><input type="checkbox"/> \$250.00 - vacant 1 year but less than 2</p> <p><input type="checkbox"/> \$500.00 - vacant 2 years but less than 3</p> <p><input type="checkbox"/> \$1,000.00 - vacant 3 years but less than 5</p> <p><input type="checkbox"/> \$1,750.00 - vacant for at least 5 years but less than 10</p> <p><input type="checkbox"/> \$2,500.00 - vacant for at least 10 years</p>

Property Information

Property Address			
Control 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		

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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

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 _____

Amount Paid: _____

Payment Method: _____