

**CITY OF CHESTER
RENTAL HOUSING REGISTRATION**

- Initial Information
- Change of Ownership Information
- Change in Occupancy Information

OWNERSHIP INFORMATION

Owner(s)/Chief Officer: _____
Last First MI Driver's License #/Issuing State DOB

Mailing Address: _____
City State Zip Code

Telephone #: () _____ () _____ () _____
Home Work Cell

Owner is: Individual(s) Partnership Corporation Trust

- If Partnership, list names, addresses and telephone numbers of partners on reverse side.
- If Corporation, list names, addresses and telephone numbers of corporate officers and agent and state of incorporation on reverse side.
- If Trust, list names, addresses and telephone numbers of trustee(s) on reverse side.

PROPERTY INFORMATION

ADDRESS AND APT. #	OCCUPANT	TYPE OF DWELLING(S) * (X all that applies)
1.		H__ MH__ D__ A__ O__
2.		H__ MH__ D__ A__ O__
3.		H__ MH__ D__ A__ O__
4.		H__ MH__ D__ A__ O__
5.		H__ MH__ D__ A__ O__
6.		H__ MH__ D__ A__ O__
7.		H__ MH__ D__ A__ O__
8.		H__ MH__ D__ A__ O__

If more room is needed, continue on reverse side or attach list.

* H = House (Single Unit Dwelling) MH = Mobile Home D = Duplex A = Apartment O = Other (explain on reverse side)

For City Use Only: Date Received: _____