

**UPPER DARBY TOWNSHIP HEALTH DEPARTMENT  
RENTAL LICENSE APPLICATION FORM**

I HEREBY SUBMIT THIS APPLICATION FOR A RENTAL LICENSE TO OPERATE THE FOLLOWING:

(PLEASE CHECK ONE)

ONE FAMILY SINGLE UNIT            (   )            RENTAL FEE \$65.00  
TWO FAMILY DUPLEX                (   )            RENTAL FEE \$85.00  
THREE FAMILY TRIPLEX            (   )            RENTAL FEE \$105.00

MULTIPLE BUILDING DWELLING    [   ]

NUMBER OF UNITS [   ] x \$20 + \$45 base fee = Total \$ \_\_\_\_\_

RENTAL PROPERTY ADDRESS:

\*\*NAME OF OWNER:

\*\*HOME ADDRESS:

*(Required Field - P.O. Box is not accepted)*

\*\*HOME PHONE: \_\_\_\_\_ BUSINESS NUMBER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMERGENCY CONTACT NUMBER \_\_\_\_\_

**AGENT INFORMATION: REQUIRED IF YOU RESIDE OUT OF STATE/COUNTRY OR IF YOU HAVE SOMEONE OTHER THAN YOURSELF WHOM MANAGES YOUR PROPERTY.**

AGENT NAME:

AGENT ADDRESS:

AGENT PHONE NUMBER: \_\_\_\_\_

\*\*SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE REMIT CHECK OR MONEY ORDER MADE PAYABLE TO UPPER DARBY TOWNSHIP, 100 GARRETT ROAD UPPER DARBY, PA 19082. ANY QUESTIONS PLEASE CALL (610) 734-7640.**

**\*REQUIRED FIELD: ANY INFORMATION THAT IS NOT FILLED OUT WILL BE MAILED BACK TO YOU FOR CORRECTIONS.**