



RESIDENTIAL RENTAL LICENSE
INFORMATION UPDATE

Email:
zoning@macungie.pa.us

BOROUGH OF MACUNGIE
21 LOCUST STREET
Macungie, PA 18062
PHONE: 610-966-2503

DATE RECEIVED: ____ / ____ / ____ PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

A: PROPERTY INFORMATION COMPLETE 1 FORM FOR EACH RENTAL UNIT

ST. NUMBER: _____ STREET: _____ APARTMENT/UNIT NO: _____
CITY: _____ STATE: _____ ZIP: _____ LICENSE # RL _____

B. NEW OWNER INFORMATION HAS THIS RENTAL UNIT CHANGED OWNERSHIP?

Y	N
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IF NO, SKIP B
NAME: _____ EMAIL: _____
ST NUMBER: _____ STREET NAME: _____
SUITE/APT: _____ CITY: _____
SIGNATURE: _____ STATE/ZIP _____

C: OLD TENANT INFORMATION LIST THE NAMES OF ALL ADULT TENANTS (18 & UP) AND THE NUMBER OF MINOR CHILDREN IN THIS DWELLING UNIT

LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
LAST NAME: _____ FIRST NAME: _____
NUMBER OF MINOR CHILDREN _____

D: NEW TENANT INFORMATION LIST THE NAMES OF ALL ADULT TENANTS (18 & UP) AND THE NUMBER OF MINOR CHILDREN IN THIS DWELLING UNIT

LAST NAME: _____ FIRST NAME: _____
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