

Unit # \_\_\_\_\_

**LICENSING INFORMATION REQUIRED FOR ALL RENTAL PROPERTY  
BOROUGH OF WEST CONSHOHOCKEN**

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Borough Codes require that all rooming units, apartment units, and single family dwelling units for rent supply the Borough the following information to aid in the assessment of proper rentals and to aid the Borough in its planning functions. PLEASE PRINT OR TYPE LEGIBLY.

TENANT #1:	TENANT #2:	TENANT #3:
NAME:	NAME:	NAME:
RESIDENCE PHONE:	RESIDENCE PHONE:	RESIDENCE PHONE:
SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:
PLACE OF EMPLOYMENT: (NAME , ADDRESS, PHONE #):	PLACE OF EMPLOYMENT: (NAME, ADDRESS, PHONE #):	PLACE OF EMPLOYMENT: (NAME, ADDRESS, PHONE #):

Owner of record of premises \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Signature) (Area Code)

Address of Owner (if P.O. Box give residence address): \_\_\_\_\_

**“NO MORE THAN THREE UNRELATED PERSONS MAY OCCUPY ANY DWELLING UNIT”**

**NO LICENSE WILL BE ISSUED UNTIL THIS FORM IS COMPLETED AND RETURNED.**