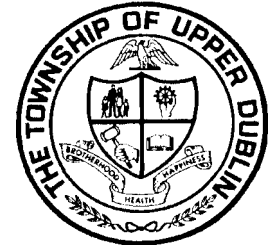


UPPER DUBLIN TOWNSHIP  
 Code Enforcement Department  
 801 Loch Alsh Avenue  
 Fort Washington, PA 19034  
 Phone: (215) 643-1600 x3405  
 Fax: (215) 643-8843



## Application for Residential Housing License

Please type or print the following information:

Rental Unit Address: \_\_\_\_\_ Number of Bldgs: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \* Street Address \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

\* If owner does not maintain an office or reside in Upper Dublin Township, an agent must be appointed who either maintains an office or resides in Upper Dublin Township. (A tenant may serve as the agent.)

Name of Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

T E N A N T'S NAME	PHONE NUMBER
--------------------	--------------

_____	(    ) _____
_____	(    ) _____
_____	(    ) _____
_____	(    ) _____
_____	(    ) _____
_____	(    ) _____
_____	(    ) _____
_____	(    ) _____

\_\_\_\_\_  
 Signature of Owner or Agent

Date \_\_\_\_\_