

610-461-2709 fax

## **BOROUGH OF COLWYN**

Delaware County, Pennsylvania

## Annual Rental Dwelling Unit U&O Inspection and Rental License Application

(First Ivallie)	(Last Name)	(Apartment #)	(Filone #)
(First Name)	(Last Name)	(Apartment #)  (Apartment #)	(Phone #)
(First Name)	(Last Name)	(Apartment #)	(Phone #)
List all ADULTS (General Control of Control	OVER 18yrs of age) that resides at th  *Years at prope  (Last Name)	e listed property, please incerty:  (Apartment #)	lude unit number if applicable.  (Phone #)
	TENANT NAME(SIMPORTANT: THE FOLLOW	S) INFORMATION: VING MUST BE COMPL	ETED!
Email Address:			
Phone#:			#:
(P.O. Box not accepted)			
Local Agent's/Manager	r Information		
Email Address:			
Phone#:	Cell#:	Fax	#:
Address: (P.O. Box not accepted)			
-			
Property Owner Inform			
Rental Property Address: _			
			Date:
*Insp	ections cancelled with less than 24 ho	ours' notice will be counted CEPTIONS	
rease Note. Tee includes		will be \$75.00ea	nis will be \$33.00ea. No show and late
Plassa Nota: Faa includes		s = \$150.00 per unit	ns will be \$35.00ea. No show and lat
	-	$\Box$ Triplex = \$450.	00
Fee for:	$\square$ Single-Family = \$150.0	$\Box$ Condo = \$150.0	0