BOROUGH OF MALVERN

APPLICATION FOR RENTAL PERMIT
(INITIAL AND/OR ANNUAL)

DATE: _____

TO: CODE ENFORCEMENT/ZONING OFFICER
APPLICANT'S NAME: _____
APPLICANT'S ADDRESS: _____
PHONE NUMBER: _____
ADDRESS OF DWELLING TO BE PERMITTED: _____

AUTHORIZED NUMBER OF ROOMS OR DWELLING UNITS PERMITTED:_____

ROOM/DWELLING UNIT I.D. NO	NAME OF OCCUPANT	MOVED IN	MOVED OUT	DATE IN/OUT	ADULTS	MINORS UNDER 18 YEARS

FEE ATTACHED:_____ OWNER/OPERATOR _____
SIGNATURE