

**CITY OF ALIQUIPPA  
RENTAL REGISTRATION PROGRAM**

581 Franklin Avenue, Aliquippa, PA 15001  
Phone No. 724-375-5188 \*\* Fax No. (724)-375-4594

**\*\*USE A SEPARATE FORM FOR EACH RENTAL PROPERTY**

OWNERSHIP INFORMATION (Please print clearly):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Agent for Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**RENTAL PROPERTY ADDRESS:** \_\_\_\_\_

IF UNITS ARE OCCUPIED FOR MORE THAN 60 DAYS TOTAL: Fees are applicable  
IF YOU HAVE VACANT UNITS: Fees are applicable if you plan to re-rent  
IF THE PROPERTY IS VACANT, THE PROPERTY MUST BE FOR SALE TO BE EXEMPT

<u>INITIAL FEE</u>		<u>RENEWAL FEE</u>	
SINGLE FAMILY	\$100.00	SINGLE FAMILY UNIT	\$50.00
TWO FAMILY UNITS/DUPLEX	\$125.00	TWO FAMILY UNITS/DUPLEX	\$75.00
MULTI FAMILY OVER 10 UNITS	\$150.00	MULTI FAMILY 3-10 UNITS	\$30.00/Unit
Plus \$20.00 Per Unit			
MULTI FAMILY OVER 10 UNITS	\$200.00	MULTI FAMILY OVER 10 UNITS	\$30.00/Unit
Plus \$20.00 Per Unit			
ROOMING HOUSE, DORM, HOTEL	\$200.00	ROOMING, DORM, HOTEL	\$30.00/Unit
Plus \$20.00 Per Unit			

Total Number of currently occupied units: \_\_\_\_\_

PRINT CLEARLY FIRST AND LAST NAME(S) OF OCCUPANT(S) 18 AND OVER, INCLUDING CHILDREN:  
(ATTACH ADDITIONAL SHEET IF NEEDED)

UNIT	FIRST NAME	LAST NAME

I hereby certify that to the best of my knowledge this form is complete and correct and will conform to the City of Aliquippa Ordinance No. 1 of 2004 and Fee Resolution No. 10 of 2012.

\_\_\_\_\_  
Signature of Property Owner/Property Manager Date

**Make Checks Payable to: CITY OF ALIQUIPPA**