

DUE NO LATER THAN SEPT 1st \$20 LATE FEE PER UNIT: _____ # RESIDENTIAL UNITS: _____ X \$40 EACH = \$ _____ TOTAL PAYMENT SUBMITTED: \$ _____	2026/2027 RENTAL UNIT REGISTRATION BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	*OFFICE USE ONLY* PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____
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Rental Property Information (Valid Sept. 1- August 31)

Rental Property Address:		**REQUIRED**
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If your property has multiple street addresses, please use a DIFFERENT form for EACH ADDRESS.

Property Owner Information

Owner Name:			
Mailing Address:			
Phone Number:		E-mail:	
PROPERTY MANAGER INFO	<i>All property owners who are not FULL-TIME residents of Monroe County MUST designate a property manager who resides within the County.</i>		
Property Manager Name:			
Phone Number:		E-Mail:	
Signature:	Date:	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Manager

Residential Tenant Information circle one (CHANGE/NEW)

UNIT # _____	(Adult Tenants Only)	Is this unit inspected through Section 8? Yes/ No
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	Is this unit inspected through Section 8? Yes/ No
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	Is this unit inspected through Section 8? Yes/ No
Full Name		
Email		Phone
UNIT # _____	(Adult Tenants Only)	Is this unit inspected through Section 8? Yes/ No
Full Name		
Email		Phone

COMMERCIAL / BUSINESS RENTALS ONLY (NO FEES)

Business Name:	Unit #
Business Name:	Unit #
Business Name:	Unit #

<input type="checkbox"/> I CERTIFY THAT THERE ARE NO RESIDENTIAL RENTALS AT THIS ADDRESS.	PROPERTY OWNER / MANAGER SIGNATURE
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