

CITY OF JOHNSTOWN
RENTAL PROPERTY REGISTRATION FORM 2026

SECTION 1

Owner or Landlord Name _____
Home Address _____
City, State & Zip Code _____
Home Phone # _____ Cell Phone _____
E-mail Address _____

SECTION 2 (ONLY COMPLETE IF THERE IS A PROPERTY MANAGER)

Property Manager's Name _____
Property Manager's Address _____
City, State & Zip Code _____
Contact Phone # _____ E-mail address _____

SECTION 3

Rental Property Address _____
Is the property occupied by the owner ____yes ____no Number of Units _____
Name(s) of tenants residing in the property _____

Contact Person Name & Phone # _____

IS PROPERTY A SECTION 8? ____ YES, ____ NO

The information supplied is being given in compliance with City Ordinance #5102, I understand
My failure to remain in compliance with this ordinance can subject me to fines outlined within.
I reserve the right to contact the City of Johnstown during normal business hours to verify my
Tenant's accounts.

Owner's Signature _____ Date _____

**Please send this completed for to trowe@johnstownpa.gov or mail to:
City of Johnstown 401 Main Street, Johnstown PA 15901
ATTENTION: THERESA ROWE