

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](mailto:trowe@johnstownpa.gov) or mail to:**  
City of Johnstown 401 Main Street, Johnstown PA 15901  
**ATTENTION: THERESA ROWE**