

**VALLEY TOWNSHIP  
BOARD OF SUPERVISORS**

890 West Lincoln Highway

P.O. Box 467

Coatesville, PA 19320

(610)384-5751 FAX (610)384-2746

Karen E. Chandler, Sec. /Tres.

Board Members

Patrice Proctor, Chairwoman

Walter P. Johnson, Vice-Chair

Christopher Lehenky

Yolanda R. Beattie

Arlin W. Yoder

William Webb

Codes/Building Inspector

610-384-5751, extension 4

**2010 Rental Registration**

**The annual fee for each residential rental unit in Valley Township is \$40.00. This fee applies to all non-owner occupied units and rental properties. Payment must be received by January 31, 2010.**

Please complete the enclosed Rental Permit Application and return with your payment by January 31, 2010. Please be sure to include the mailing address and telephone number of the owner and local responsible agent, the name(s) of all tenants and their telephone numbers. Also, include the number of dwelling units or rooming units in each building.

All rental units must be inspected whenever there is a change of occupancy. You must contact the codes office to schedule an inspection prior to occupancy of the rental unit by a new tenant.

Property owners not obtaining a rental license or applicable inspections are subject to citations and fines.

**TOWNSHIP OF VALLEY**

**RENTAL PERMIT**

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(not rental address)

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

Property Information:

Single Family Dwelling: Yes \_\_\_\_\_ No \_\_\_\_\_

One or more apartments: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of units in building: \_\_\_\_\_

Public Sewer: Yes \_\_\_\_\_ No \_\_\_\_\_

Occupant(s) Name(s): \_\_\_\_\_  
(Attach additional page if necessary)

Family Size: Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_

Tenant's Phone Number: \_\_\_\_\_

Local Agent Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized to Collect Rent: Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized to Pay Sewer Rent: Yes \_\_\_\_\_ No \_\_\_\_\_

Note: All official notices of the Township of Valley shall be served on the Local Responsible Agent.

I UNDERSTAND THAT ANY CHANGES IN OCCUPANCY REQUIRES AN INSPECTION.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Local Responsible Agent

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*For Office Use Only*

Fee Paid: \_\_\_\_\_

\_\_\_\_\_  
Township Secretary

Date: \_\_\_\_\_