BENSALEM TOWNSHIP Building and Planning Department Office 215-633-3644 • Fax 215-633-3753 2400 Byberry Road • Bensalem, PA 19020 RESIDENTIAL PROPERTY RENTAL LICENSE APPLICATION				
LOCATION OWNER'S NAME OWNER'S ADDRESS				
CITY PHONE No. TOTAL # OF UNITS	EMAIL		ZIP	(#UNITS X \$15.00)
NAME OF TENANT(S)		UNIT No.		
2. 3. 4. 5.				
I/We certify that all of the above state statements are subject to the penalt	ments are true and correct to the b ies of 18 Pa. C.S. Section 4904 rel	est of my know ating to unswor	ledge, and unde n falsification to	rstand that false authorities.
Owner Signature	Title			Date
I/We further certify that the person named	below, has been designated to act as	my legal represe	entative in relation	to the above property.
AGENT'S NAME BUSINESS ADDRESS				
MAILING ADDRESS				
PHONE No.				
Email ADDRESS		o the above pro	operty and that I	am empowered to
accept service of papers, notices, et	c. in relation thereto. <u>Agent/Owner</u>	Signature	De	ate