

**TOWNSHIP OF FRAZER
ANNUAL RENTAL PROPERTY INSPECTION AND CERTIFICATE APPLICATION**

Date: _____

Permit Year: _____

No. of Units (10 or more): _____

I, _____ hereby request an Annual Rental Inspection Certificate
(Property Owner)

Owner's Address: _____

Owner's Phone Number: _____

Property Manager's Address and Phone Number:

Address of Rental Property or Unit: _____

Allegheny County Block/Lot #: _____

I have completed the attached a list of all tenants, their address and their occupations and have applied and paid for all required occupancy permits.

Signature of Property Owner

Received by: _____

Date Received: _____

NOTE: THIS FORM MUST BE SUBMITTED ON AN ANNUAL BASIS.

ADDRESS OF UNIT

TENANT NAME & OCCUPATION

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____
