



City of Duquesne
 12 South Second St
 Duquesne, Pa. 15110 / 412-466-4746

2026 Landlord Tenant Registration

(Please Print clearly and legibly)

The annual registration fee is \$100.00 per unit (i.e. duplex will cost \$200.00 per year, 8- unit apartment will cost \$800.00 per year). The Certificate of Occupancy will follow the current procedure requiring an inspection with a change in tenant or owner; fees are \$100.00 per unit for Residential and \$200.00 per unit for Commercial

Required Attachments: Insurance Declaration Page, Annual Landlord Tennant Registration, Certificate of Occupancy (with **ANY** change of tenant)

(PROPERTY OWNER INFORMATION):

Property Owner's Name Address

City State Zip Cell

Alternate phone Email

(AGENT/MANAGER): If landlord does not reside within (20) miles radius of the City

Property Owner's Name Address

City State Zip Cell

Alternate phone Email

(INSURANCE PROVIDER FOR: FIRE, CASUALTY, AND GENERAL LIABILITY) Requirement of \$50,000.00 minimal. You must attach declaration page.

Insurance Provider Name Address

Contact Number Policy Number Email

TENANT INFORMATION): the below information should list all rental properties that **YOU OWN** in the City of Duquesne, whether they are commercial or residential rentals: Below list the tenant(s) who reside at each rental next to their rental address. Also list your vacant properties.

<u>RENTAL ADDRESS INCLUDING APARTMENT NUMBERS:</u>	<u>TENANT(S) NAME:</u>	<u>CELL:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF ADDITIONAL LINES ARE NEEDED, PLEASE PUT ON A SEPARATE PIECE OF PAPER

UNITS: _____ X \$ 100.00 = \$ _____ (Total Registration fee) checks, cash or money order **ONLY!**

I, _____, hereby declare that the facts set forth in this application are true to the best of my knowledge, information and belief, and that any false statements made herein are made subjects to the penalties of the Crimes Code, 18 PA C.S.4904, relating to unsworn falsification to authorities.

(Applicant Signature):

(Date):

_____ / ____ / _____