Borough of West Mayfield

4609 W. 8th Ave

Beaver Falls PA 15010

# RENTAL REGISTRATION & INSPECTION NOTICE

In December 2025, West Mayfield Borough Council adopted Ordinance #2025-12-10 Licensing of All Rental Units approving a rental licensing and inspection program.

The owner of the property must complete the appropriate application to register the property with the West Mayfield Borough and obtain a rental registration each year. Annual registration fees are set by the Council Members by resolution. The current initial fees:

**Each Unit/Dwelling $50.00**

All owners are responsible to inform tenant(s) of borough's Ordinance # 2025-12-10. Additional copies can be obtained at the West Mayfield Office for a nominal fee.

Therefore the subsequent fee for annual licenses will be $25.00 per each unit.

It is highly recommended for all owners/landlords/managers to become familiar with Ordinance: 2025-12-10.

# West Mayfield Borough
# 2026
# Rental Registration Form

Property Address: _____

Number of Dwelling Units at this Address: _____

Parcel # _____

Property Owner:

Name: _____

Street Address: _____ APT #: _____

City/State/Zip: _____

Phone #: (H) _____ (C)_____

Email: _____

***Please print legibly as correspondence via email will be used as much as possible.***

Property Management Co.: _____

St./City/State/Zip: _____

Phone #: _____ Contact Name: _____

Email: _____

***Please print legibly as correspondence via email will be used as much as possible.***

| Apartment Number | Tenant or Occupant (over age of 18) First and Last Name | Tenant Phone Number | Check if Vacant |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Signature: _____ Print: _____

Date: _____

**THIS OFFICE MUST BE NOTIFIED OF ANY CHANGES**
**I.E. CHANGE OF TENANCY, OWNER'S ADDRESS,**
**AGENT BEING ADDED OR DELETED,**

**FAILURE TO DO SO MAY RESULT IN LICENSE REVOCATION**
**ALL necessary fees paid and an inspection conducted**
**And approved, before issuance of Rental Housing License**

Make Checks Payable:
**West Mayfield Borough**

Return Form:
**Code Enforcement Officer**
**3631 Ann St**
**Beaver Falls, PA 15010**

For Office Use Only: Date Entered: ___/____/____ Check #: _____ Amount:_____