

# CITY OF SHAMOKIN

## TREASURERS OFFICE

*PA. Qualified, Certified Tax Collector*

47 East Lincoln Street

Po. Box 584

Shamokin, Pennsylvania 17872

Telephone: (570)648-7731

Fax: (570)644-0568

**Open Monday-Friday**

**8:00am-4:00pm**



**CITY TREASURER**  
Brenda L. Scandle

**CITY ADMINISTRATOR**  
Robert M. Slaby

**SOLICITOR**  
Edward Greco, Esq.

Hello,

I would like to welcome you to the City of Shamokin. We are pleased to see that you have purchased a home in our City.

If you will be living in the home, please contact my office; this way we can remove you from your prior tax-collecting district. Otherwise, you would be put into collections from your prior tax collector.

If you will be renting your home, please complete the papers included and return them to the Code office at City Hall. If you misplace the forms, they are available online at [Shamokincity.org](http://Shamokincity.org).

If you have any other questions, please do not hesitate to ask.

Sincerely,

Brenda L. Scandle  
Treasurer/Tax Collector

**MAYOR**  
Richard Ulrich

**COUNCIL MEMBERS**

Doreen Annis  
Tonya Leschinskie  
William Milbrand  
Barbara Moyer

**City Treasurer**  
Brenda Scandle

**CITY ADMINISTRATOR**  
Robert M. Slaby

# CITY OF SHAMOKIN

47 East Lincoln Street  
Shamokin, Pennsylvania 17872

Telephone: (570) 644-0876  
Fax: (570) 648-0948



Dear Property Owner/Landlord:

This is to advise you that the City of Shamokin is resuming doing property inspections. We ask for your cooperation to contact the Code Enforcement Office immediately to schedule an appointment.

**City Ordinance 22-03** requires a yearly registration fee of **\$50.00 be charged per unit due by February 15<sup>th</sup>**. This fee will include the initial inspection, however if the unit fails there **will be a re-inspection charge of \$25.00** for each inspection until it passes.

New forms must be filled out annually, and the registration fee of \$50.00 has to be paid. Forms are available at the Code Office located in Shamokin City Hall 47 East Lincoln St. Shamokin PA 17872 or on our website at <http://www.shamokincity.org/> under City Directory -> Applications, Permits & Forms -> Landlords and Tenants. Any forms received that are not fully completed and/or messy handwriting will be rejected.

Please report all tenant changes to the Code Office. Inspections for rentals will be scheduled by appointment. If you fail to comply with any part of City Ordinance 22-03, you could be subject to a legal citation.

The Code Enforcement Office shall inspect all units on a bi-yearly basis, or sooner if new tenants move in or out of the property. Inspections can be made by our office anytime within the said year.

**Designation of a Property Manager:** Every owner who is not a full-time resident of the city and or who does not live within a twenty (20) mile radius of Shamokin shall designate a property manager whose residence meets the requirement. The owner shall provide the identity, address, and telephone number of a person who is designated as the manager. The said person is responsible to the city for keeping the city informed of any changes.

Please make all checks payable to City of Shamokin. If you have any questions please do not hesitate to contact the Code Enforcement Office at 570-644-0876 (Extension 1).

Sincerely,

City of Shamokin  
Code Enforcement Department

<b>City of Shamokin</b> 47 E Lincoln St Shamokin, PA 17872	<b>Rental Registration          Application</b>	570-644-0876 codeoffice@shamokincity.org www.shamokincity.org
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**Rental Property Address:** \_\_\_\_\_ **# of Units:** \_\_\_\_\_

**Submit Information For Each Rental Unit and Separate Form for Each Building**

**Owner Information**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Mailing Address Physical Address (if mailing address is a PO Box)

\_\_\_\_\_ City State ZIP Code

Email: \_\_\_\_\_ Do you provide the trash collection service? YES NO

Name of Responsible Party: \_\_\_\_\_  
**Required if owner is a Corporation, LLC, Trust, etc.**

Responsible Party Address: \_\_\_\_\_

**Property Manager / Agent**  
*(required if owner resides more than 20 miles from municipal limits)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Unit #1 Tenant Information**

Adult #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
*Over 18 years of age*

Occupation \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
*Over 18 years of age*

Occupation \_\_\_\_\_

*Use additional sheet of paper for any other adults*

**Number of Children Under 18 Living in this Unit (indicate even if zero)**

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I understand that as the owner of this property, I am ultimately responsible for maintaining it compliance with all Federal, State & Local Regulations regardless of any agreements or leases with tenants or property manager(s) and/or agent. Failure to maintain the property in compliance may result in loss of my rental license.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit #2**

Unit reference: \_\_\_\_\_

**Tenant Information**

Adult #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

*Use additional sheet of paper for any other adults*

**Number of Children Under 18 Living in this Unit (indicate even if zero)**

**Unit #3**

Unit Reference: \_\_\_\_\_

**Tenant Information**

Adult #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

*Use additional sheet of paper for any other adults*

**Number of Children Under 18 Living in this Unit (indicate even if zero)**

**Unit #4**

Unit Reference: \_\_\_\_\_

**Tenant Information**

Adult #1 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Over 18 years of age

Occupation \_\_\_\_\_

*Use additional sheet of paper for any other adults*

**Number of Children Under 18 Living in this Unit (indicate even if zero)**

*Use additional sheet of paper for any other units*