

Bureau Of Property Maintenance & Housing Inspections

Designation Of Authorized Property Manager

You must submit this form if you are utilizing a Property Manager or Management Company to manage the operations of your rental property.

Property Manager/Management Company: An individual/business certified or licensed by the Commonwealth of Pennsylvania to manage residential rental property, or who takes responsibility for the care, maintenance, tenant management and supervision of the residential rental property under contract with the owner, including receiving notices, citations, or other mail from the City on behalf of the owner.

Please submit this completed form to provide updated critical contact information necessary for emergencies, code issues, or other problems at your rental location.

code issues, or other problems at your	rental location.	
	Rental Location	
Address:		
	Owner	
Owner Name:		
Owner Address:		
Email:	Mobile Phone:	Work Phone:
	Property Management Company	
Property Management Company:		
Property Manager:		
Address (PO Box Not Acceptable):		
Email:	Mobile Phone:	Work Phone:
ownership, the owner shall provide the company, telephone number and e-me property management company to me Commonwealth of Pennsylvania authors. (2) A property manager or property manager or deemed to be appropriated including notices of violations and cital	operty manager or property management city with the name and address of the name contact information, a copy of the contact information, a copy of the contact information, a copy of the certification orizing them to serve as a property management company must be authorized to the under the terms of the codes of the Cations; provided, however, that nothing in discommunications directly to the owner	nt company to manage units under their property manager or property management intract authorizing the property manager or cation or license issued by the ager. To receive notices and communications ity of Lancaster on behalf of the owner, contained herein shall affect the right of the , rather than to the responsible agent.
Owner Name (Printed)	Owner (Signature)	Date
Property Manager (Printed) Please submit this Designation of Aut l	Property Manager (Signature)	Date
riease submit this Designation of Aut i	nonzeu Property Wanager to:	

Bureau Of Property Maintenance & Housing Inspections
Attention: PMHI Billing Clerk
120 N. Duke Street PO Box 1599

Lancaster, PA 17608-1599

Phone: (717) 291-4778 | Email: PMHI@cityoflancasterpa.gov