

RENTAL REGISTRATION APPLICATION

3219 California Parkway, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be fully executed.

Date: _____

Property Address: _____ **Zip:** _____

Owner Information:

Owner's Name: _____ Phone #: _____

Owner's Email: _____

Owner Address: _____

I.D Card # & State: _____ Alternate Phone #: _____

Property Manager's Name: _____ Phone #: _____

Property Manager's Address: _____

If the owner is a Partnership, please list the name of all partners (Should there be more than three (3) partners please list on back of form):

- 1) _____ Phone #: _____
- 2) _____ Phone #: _____
- 3) _____ Phone #: _____

Partnership's Principal Address: _____

If the owner is a Corporation:

Corporation Name: _____ Phone #: _____

Corporation Address: _____

Local Office Contact: _____ Phone #: _____

Has there been a change of occupancy or an additional tenant of the rental unit since the date of the last registration license application? Yes No

Number of occupants: _____

Name of person occupying the rental unit: _____

Phone: _____

I verify that all information is true and correct to the best of my knowledge.

Applicant Signature

Print Name

Date