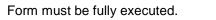
RENTAL REGISTRATION APPLICATION

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





Date:	
Property Address:	Zip:
Owner Information:	
Owner's Name:	Phone #:
Owner Address:	
	Alternate Phone #:
Property Manager's Name:	Phone #:
Property Manager's Address:	
If the owner is a Partnership, please list the name of on back of form): 1) 2) 3)	Phone #:Phone #:
If the owner is a Corporation:	
•	Phone #:
	Phone #:
license application? Yes No Number of occupants:	tional tenant of the rental unit since the date of the last registration
I verify that all information is true and correct to the b	est of my knowledge.
Applicant Signature	
Print Name	
Date	