



RENTAL REGISTRATION APPLICATION COMMUNITY SERVICES

OFFICE PHONE - 972/744-4180 • FAX - 972/744-5802

 Please check if there has been a change in occupancy or tenants since the last registration date. Please check if this property is owner occupied but has individual rooms rented. 	
Address of Rental Property:	
Primary Tenant Name:	
Tenant's Phone:	
Date of Occupancy:	Number of Occupants:
Please complete the appropriate information below:	
	AL OWNER
Owner's Name:	
E-mail Address:	
Address:	
Phone: (ho	me) (work)
PARTN	ERSHIP
Partnership/Company Name:	
List the name, business address and phone number of each partner:	
CORPORATION	
Corporation Name:	
Is this a Foreign Corporation? YES NO Place of Incorporation:	
Incorporated under the State of Texas Laws? YES NO	
Mailing Address:	
Business Location:	Diama Niverkan
Local Person in Charge:	Phone Number:
List the names of all officers, directors and trustees:	
	MANAGER
Property Management Company:	
Address:	
Email Address:	Dhana Numahari
Agent's Name:	Phone Number:
Signature of Owner/Agent	Date
Make Payable & Mail to: Fax to: There is a \$75 and register your property of Fax to: There is a \$75 and register your propendity (max \$2,0 p.O. Box 830309 failure to register property or for property or false information	perty, and a 100) for the