



RENTAL REGISTRATION APPLICATION

COMMUNITY SERVICES DEPARTMENT 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 Pro	operty:		
Primary Tenant Name:			
Tenant's Phone:			
Date of Occupancy:		Number of C	Occupants:
Please complete the appropriate information below:			
		INDIVIDUAL OWNER	
Owner's Name:			
E-mail Address:			
Address:		(1	(
Phone:		(home)	(work)
PARTNERSHIP			
Partnership/Company Nar			
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:	ate of Texas La	iws? YES NO .	
Business Location:			
Local Person in Charge:			Phone Number:
Email Address:			
List the names of all officers, directors and trustees:			
PROPERTY MANAGER			
Property Management Co	mpany:		
Address:			
Email Address:			
Agent's Name:			Phone Number:
Signature of Owner/Agent	:		Date
Mail to:	Fax to:	A penalty (max \$2,000) for	FOR OFFICE USE ONLY
City of Richardson	972-744-5802	failure to register the	
Community Services		property or for providing	
P.O. Box 830309		false information.	
Richardson, TX 75083			