

**RESIDENTIAL CERTIFICATE OF OCCUPANCY**  
3219 California Parkway, Forest Hill, TX 76119  
Phone: (817) 806-4561 Fax: (817) 984-8254  
\$30.00



Form must be completed in ink or typed.

Date: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Owner Information:**

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Print Name