

**RENTAL REGISTRATION APPLICATION**

3219 California Parkway, Forest Hill, TX 76119  
Phone: (817) 806-4561 Fax: (817) 984-8254  
Email: [permits@foresthilltx.org](mailto:permits@foresthilltx.org)



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? (circle one) Yes No

Number of occupants: \_\_\_\_\_

Name of person(s) as listed on lease agreement: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date