

SINGLE FAMILY RENTAL REGISTRATION FORM



Email completed form to code@cedarhilltx.com

Property Information

Property Type: Single Family Condo Duplex Townhouse

Address of Rental Unit: _____

Total Square Footage (SF): _____

Mortgage/Lien Holder (if applicable) Name, Address, Phone: _____

Owner Information

Name: _____ Phone: _____

DL#: _____ Address: _____

Email (**Required**): _____

If owned by a partnership, please list the names, business address, and phone number of each partner. If owned by a corporation, please list the state of incorporation, corporation's mailing and physical address, the name and phone number of the corporate officer with ultimate responsibility for the rental unit. Also include the names of officers and directors of corporation.

Name: _____ Address & Phone: _____

Name: _____ Address & Phone: _____

Name: _____ Address & Phone: _____

Property Manager Information

Name: _____ Phone: _____

Address: _____

Email (**Required**): _____

Owner or Authorized Agent: _____ Signature: _____

City Use Only- Do Not Write In This Box

Date Received: _____ Payment Received: \$ _____ Payment Type: _____ By: _____

(License#): _____ Valid through: _____ Max# of Occupants: _____

Annual Registration (Initial- \$50) Annual Registration (Renewal- \$25) Change of Ownership (\$50)