

City of Manvel

Annual Rental Property Registration

Section I: Property Information *(required)*

Property Name: _____ On-Site Office: ___ Yes ___ NO
Property Address: _____ City: _____ State: ___ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail: _____
Number of Adult Occupants: _____ (3 adults per bedroom allowed by Tx Property Code, Ch. 92)
Number of Bedrooms: _____ Total Number of Buildings: _____
Total Number of Units: _____ Year Built: _____

Section II: Property Owner Information *(required)*

Property Owner refers to person or persons with legal title

Ownership Type (*circle one*): Sole Proprietorship – Partnership – Corporation – Trust – Other

Property Owner's Name: _____
Owner's Address: _____ City: _____ State: ___ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail: _____

If owner is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Tax ID Number of partnership or corporation: _____
Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
E-Mail: _____

Section III: Management Company, Operator, Agent or Contact Person *(required)*

Name of Management Company, Operator, Agent Contact Person: _____
Telephone Number: _____ Fax Number: _____
E-Mail: _____

If management company, operator, agent or contact person is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
E-Mail: _____ After Hours Contact Number: _____

Preferred Mailing Address for all Correspondence:

Address: _____ City: _____ State: ___ Zip Code: _____

The above information is true and correct to the best of my knowledge and beliefs:

Printed Name: _____

Signature: _____ Date: _____

***Please return this form to the following address:
City of Manvel Permitting Department
P.O. Box 187 / 20025 Morris Avenue
Manvel, Texas 77578***