



City of Fort Worth
Code Compliance Department



Multi-Family Rental Registration

Building Standards Division • 818 Missouri Avenue • Fort Worth, Texas 76104

1. Location and Contact Information

* *Please Select:* NEW OWNER ___ RENEWAL WITH CHANGES ___ RENEWAL WITHOUT CHANGES ___ MANDATORY ___

Complex Street Address: _____
(Physical Street Address of Complex)

City: _____ State: _____ Zip: _____

Complex Name: _____
(Name of Complex - Not Owner)

Complex Telephone: _____ Fax: _____
(Main Telephone and Fax Number of Complex - Not Owner)

2. Building and Apartment Information

How many buildings are in the complex? _____ (Including office, pool, recreation center, laundry, etc.)

How many total dwelling units/apartments are in the complex? _____

One bedroom units = _____

Four bedroom units = _____

Two bedroom units = _____

Efficiency units = _____

Three bedroom units = _____

Owner occupied unit = _____

Yes No Is there a pool?

(May only claim one unit and is owner's primary residence.)

3. Site Plan

If an accurate copy of the site plan is on file from your last registration and if no changes have been made at the property, it will not be necessary to submit another site plan. If we do not have a site plan, or changes have occurred, please follow the steps below.

Attach a copy of a site plan that depicts:

- The location of each building within the complex;
- Apartment numbers/address for each building;
- A description of the use for each building (pool house, mail center, etc.);
- Parking locations and number of spaces;
- Trash receptacle/dumpster locations;

Yes No Did you attach a site plan?

4. Security System

Yes No Is there a security system on the property?

Yes No Is the system monitored? If yes, complete company information.

Company/Name: _____ Telephone Number: _____

Yes No Are there security gates on the property which restrict vehicle/pedestrian access?

Yes No Are there bars across the windows for the purposes of security?

Yes No If yes, do the sleeping room windows have emergency escape mechanisms?

Master codes for emergency access must be mailed to the **Fort Worth Police Department, Communications Division, Attention: Amber McCright, Supervisor, 3000 West Bolt Street, Fort Worth, Texas 76110**. If you have a question specifically about your master codes for a security system, please call supervisor Amber McCright, at 817-922-3200 or 817-922-3205. **A COPY OF THE MASTER CODE MUST ALSO ACCOMPANY THIS REGISTRATION.**

Check here to indicate that you have attached a copy of the master code.

5. Fire Alarm System

- Yes No Are smoke alarms battery powered only?
 Yes No Are smoke alarms wired to the building's electrical system?
 Yes No Is there a fire alarm system on the property?
 Yes No Is the system manual?
 Yes No Is the system monitored?

Company/Name: _____ Telephone Number: _____

6. Owner Information

Ownership type: (check one)

- | | |
|----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Company | <input type="checkbox"/> Limited partnership/ limited liability |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited liability limited partnership |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Trust/trustee |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sole proprietor |

If there is more than one (1) owner, or this is a corporation, joint venture, partnership, trust, or other similar ownership, list each individual including board of directors. Use a separate piece of paper if required. The name or title of the property owner listed on this form should match the deed record filed with the appropriate county and appraisal district.

DBA Owner Information (If Applicable)

DBA Owner Name: _____

DBA Owner Address: _____

City: _____ State: _____ Zip Code: _____

DBA Owner Telephone: _____ Fax: _____ DBA Tax I.D.#: _____

Owner #1 Information

Owner #1 Name: _____

Owner #1 Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner #1 Residence address: _____

City: _____ State: _____ Zip Code: _____

Owner #1 Business Telephone: _____ Owner #1 Residence Telephone: _____

Owner #1 Fax: _____ Owner #1 Cell Phone: _____

Owner #1 E-Mail: _____ (Optional) Owner #1 Driver License #: _____ State: _____

Date of Birth: _____
(Required)

NEW OWNER:

On what date was this property purchased? _____
Month / Day / Year

Owner #2 Information

Owner #2 Name: _____

Owner #2 Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner #2 Residence address: _____

City: _____ State: _____ Zip Code: _____

Owner #2 Business Telephone: _____ Owner #2 Residence Telephone: _____

Owner #2 Fax: _____ Owner #2 Cell Phone: _____

Owner #2 E-Mail: _____ Owner #2 Driver License #: _____ State: _____
(Optional)

Date of Birth: _____
(Required)

Owner #3 Information

Owner #3 Name: _____

Owner #3 Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner #3 Residence address: _____

City: _____ State: _____ Zip Code: _____

Owner #3 Business Telephone: _____ Owner #3 Residence Telephone: _____

Owner #3 Fax: _____ Owner #3 Cell Phone: _____

Owner #3 E-Mail: _____ Owner #3 Driver License #: _____ State: _____
(Optional)

Date of Birth: _____
(Required)

Owner #4 Information

Owner #4 Name: _____

Owner #4 Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner #4 Residence address: _____

City: _____ State: _____ Zip Code: _____

Owner #4 Business Telephone: _____ Owner #4 Residence Telephone: _____

Owner #4 Fax: _____ Owner #4 Cell Phone: _____

Owner #4 E-Mail: _____ Owner #4 Driver License #: _____ State: _____
(Optional)

Date of Birth: _____
(Required)

7. Mortgagee Information

If the property is mortgaged, list information regarding all mortgages. A mortgagee is a person, agency, business or institution who takes a mortgage on another's property as security for a debt or obligation.

Mortgagee #1: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mortgagee #2: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mortgagee #3: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

8. Registered Agent's Information

If any owner permanently resides outside of Texas they must designate an agent to receive service of legal notice.

Agent Name: _____

Physical Street Address: _____
(*PO Box Not Acceptable*)

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

9. Property Management

Property Management Company Name (*if applicable*): _____

Address (***Must be physical address, No PO Box***): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Property Manager's Name: _____

Address (***Must be physical address, No PO Box***): _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell: _____

Onsite Manager's Name: _____

Address (***Must be physical address, No PO Box***): _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell: _____

10. Emergency Contact Information

In the event of fire, natural disaster, flood, burst pipes, collapse hazard, violent crime or emergency conditions, who are the designated employees or authorized representatives assigned to respond during any twenty-four hour period of time?

Primary Contact Name: _____

Physical Residence Address: _____
(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Residence Telephone: _____

Physical Business Address: _____
(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell: _____ Pager: _____

Secondary Contact (Optional): _____

Physical Residence Address: _____
(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Residence Telephone: _____

Physical Business Address: _____
(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell: _____ Pager: _____

11. Billing information

Billing Name: _____ E-Mail: _____
To what name do you prefer the invoice mailed? Would you prefer future registrations be emailed? Yes No

Billing Address: _____
To what address would you prefer to receive your invoices and applications?

City: _____ State: _____ Zip Code: _____

Billing Telephone: _____ Fax: _____

12. Required Signature(s)

Registration Authorized By : _____
Name Signature Date

Registration Completed By : _____
Name Signature Date

I affirm that the information on this application is true to the best of my knowledge and belief. If the complex is sold to a new owner, corporation or partnership, you must notify the City within 30 days. Failure to comply with this requirement may result in penalties as established by the City Code. **We do not accept payments with your application. Please remit payments to: City of Fort Worth Revenue Office, 1000 Throckmorton Street, Fort Worth, Texas, 76102. You may contact Revenue at 817-392-6666.**

Mail Completed Registration Form To: City of Fort Worth, Code Compliance Department
Building Standards Division – Multifamily
818 Missouri Avenue
Fort Worth TX 76104

Questions: 817-392-2525 • Online Resources: www.fortworthtexas.gov/codecompliance