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____

<table>
<thead>
<tr>
<th>Complex Street Address:</th>
<th>(Physical Street Address of Complex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State: Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complex Name:</th>
<th>(Name of Complex - Not Owner)</th>
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<table>
<thead>
<tr>
<th>Complex Telephone:</th>
<th>Fax:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Main Telephone and Fax Number of Complex - Not Owner)</td>
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</tbody>
</table>

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 = ________________
- Two bedroom units = ________________
- Three bedroom units = ________________
- Four bedroom units = ________________
- Efficiency 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, 3000 West Bolt Street, Fort Worth, Texas 76110. If you have a question specifically about your master codes for a security system, please call 817-392-3200. A COPY OF THE MASTER CODE MUST ALSO ACCOMPANY THE 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)

☐ Company  ☐ Limited partnership/ limited liability
☐ Corporation  ☐ Limited liability limited partnership
☐ Joint venture  ☐ Trust/trustee
☐ Other: ____________________________________  ☐ 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: ___________________________ Owner #1 Driver License #: __________ State: __________

(Optional)

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: ______

Date of Birth: __________________ (Required)

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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: ______

Date of Birth: __________________ (Required)

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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: ______

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

<table>
<thead>
<tr>
<th>Billing Name:</th>
<th>E-Mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what name do you want the invoice mailed?</td>
<td>Would you prefer future registrations be emailed? Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Billing Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To what address would you prefer to receive your invoices and applications?</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Billing Telephone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

## 12. Required Signature(s)

<table>
<thead>
<tr>
<th>Registration Authorized By:</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Registration Completed By:</th>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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, 200 Texas Street, Fort Worth, Texas, 76102. You may contact Revenue at 817-392-6665.*

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

**Questions:** 817-392-6567 • **Online Resources:** [www.fortworthtexas.gov/codecompliance](http://www.fortworthtexas.gov/codecompliance)