



City of Rosenberg 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: 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 partnership, corporation or trust, complete the following for one partner, officer or trustee:

Tax ID Number of partnership or corporation: _____
Name: _____ Title: _____
Address: _____ City _____ State _____ Zip Code _____
Telephone Number: _____

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

Name of: Management Co. Operator Agent Contact Person: _____
Address: _____ City _____ State _____ Zip Code _____

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

Tax ID Number of partnership or corporation: _____
Name and Title: _____
Address: _____ City _____ State _____ Zip Code _____
Telephone Number: _____ After Hours Contact Number: _____

Preferred Mailing Address for all Correspondence:

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:
Fire Department Administrative Offices
1012 5th Street, Rosenberg, TX 77471*