

CITY OF DALLAS RENTAL REGISTRATION PROGRAM

OWNER INFO			
OWNER NAME :			
OWNER ADDRESS :			
PHONE :			
EMAIL:			
DL LICENSE :			*Please provide copy of Driver's License*
PROPERTY INFO			,
RENTAL PROPERTY	ADDRESS:		
MORTGAGE / LIENHO	LDER :		
MAILING ADDRESS :			
CONTACT NUMBER :			
INSURANCE PROVIDE	=D .	I	
INSURANCE PROVIDI	in.		
MAILING ADDRESS :			
CONTACT NUMBER :			
IF OWNER IS A LEG	AL ENTIT	Y. PLEASE PROVI	DE THE FOLLOWING INFO:
REGISTERED AGENT			
MAILING ADDRESS :			
CONTACT NUMBER :			
	egistration l	Program. I agree to the	he above rental property with the registration fee by City of Dallas
Owner's Signature			Date