City of Wallis Registration Application for Single Family Rental Property

☐ INITIAL APPLICATION	ON [RENEWAL	. APPLICATION	WITH UPDATE	S	
Property Address:						
	Property Ov	wner Informat	tion			
Address	City		State		Zip	
Home Phone	Work Phone		Cell Phone			
Email:						
Driver's License	Number	· · · · · · · · · · · · · · · · · · ·		State Issued		
	Par	tnership				
Company Name:						
Address		Cit	у	State	Zip	
List the Names, Business Address					Cal Proposition and the	
Corporation Name:	Corp	ooration				
ls this a Foreign Corporation? ☐ Yes ☐ No			Place of Incorporation:			
ncorporated under the State of Texa	s Law? Yes	□ No				
Mailing Address:						
Business Location:						
ocal Representative:		***************************************				
Email Address:			Phone Number:			
	Property Manag	gement Comp	pany			
Property Management Company:				1912 Comment of the C	er a persona probabilità de AV	
Address		City	State	Z	lip	
gent Name		Work Phone		Cell F	Phone	
MAIL ADDRESS:					3	
Signature for Owner/Agent		***************************************	[Date:	,	

City of Wallis Tenant Information

Rental Address:
Tennant Name:
Mailing Address:
Phone:
Email:
Lease Start Date:
Lease End Date:
Emergency Contact: