City of Mansfield Regulatory Compliance Department

# Multi-Family Rental Registration

REGULATORY COMPLIANCE DEPARTMENT * 1305 E. BROAD STREET, MANSFIELD, TX 76063

## LOCATION AND CONTACT INFORMATION

Please select: ☐ New Owner ☐ Renewal with Changes ☐ Renewal without Changes

Complex _____ Date: _____

*(Name of Complex, NOT OWNER)*

Address: _____ Phone: _____

*Complex Street address*

Email: _____

*City* *State* *Zip Code*

## BUILDING AND APARTMENT INFORMATION

Number of Buildings _____ # of Dwelling Units _____ Occupancy Rate _____ %

This includes pool, recreation center, laundry, etc. Previous 12 month average

## 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:

- ☐ 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.

Did you attach a site plan? Yes ☐ No ☐

## SECURITY SYSTEM

Is there a security system on the property? Yes ☐ No ☐

Is the system monitored? Yes ☐ No ☐ If yes, list company name and phone Name:_____

Phone #: _____

Are there security gates, which restrict car/pedestrian access? Yes ☐ No ☐ Are there bars on windows for security purposes? Yes ☐ No ☐

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

A COPY OF THE MASTER CODE MUST ALSO ACCOMPANY THE REGISTRATION.

Check here to indicate you have attached a copy ☐

If you have any questions specifically about your master codes for a security system, please contact 817-276-4221.

## FIRE ALARM SYSTEM

Company Name _____ Phone: _____

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 ☐

## OWNER INFORMATION

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.

☐ Company
☐ Corporation
☐ Joint Venture
☐ Sole Proprietor
☐ Limited Partnership/Limited Liability
☐ Limited Liability Limited Partnership
☐ Trust/Trustee
☐ Other: _____

## DBA OWNER INFORMATION (IF APPLICABLE)

DBA Name _____ Phone: _____

Address: _____ Email: _____

DBA Tax ID#: _____

## OWNER #1 INFORMATION

Owner Contact Name _____ Owner Company Name _____

Address _____ Phone _____

Email _____ Date of Birth _____

Date Property Purchased: _____

**Month/Day/Year**

## OWNER #2 INFORMATION

Owner Contact Name _____ Owner Company Name _____

Address _____ Phone _____

Email _____ Date of Birth _____

## OWNER #3 INFORMATION

Owner Contact Name _____ Owner Company Name _____

Address _____ Phone _____

Email _____ Date of Birth _____

## OWNER #4 INFORMATION

Owner Contact Name _____ Owner Company Name _____

Address _____ Phone _____

Email _____ Date of Birth _____

## REGISTERED AGENT'S INFORMATION

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

Agent Name _____

Company: _____ Phone: _____

Address: _____ Email: _____

## PROPERTY MANAGEMENT COMPANY

Company: _____ Phone: _____

Address: _____ Email: _____

(Must be physical address. No PO Box.)

### ONSITE MANAGER INFORMATION

Name: _____ Prop. Phone: _____

Address: _____ Alt. Phone: _____

Email: _____ Cell: _____

## EMERGENCY CONTACT INFORMATION

In case of fire, natural disaster, flood, burst pipes, collapse hazard, violent crime, or emergency conditions, who is the designated employee or authorized representative assigned to respond during ay twenty-four-hour period of time?

| | | | |
|---|---|---|---|
| Name: | | Phone: | |
| Address: | | Alt. Phone: | |

SECONDARY CONTACT (OPTIONAL)

| | | | |
|---|---|---|---|
| Name: | | Phone: | |
| Address: | | Alt. Phone: | |

## INVOICING INFORMATION

| | | | |
|---|---|---|---|
| Invoicing Name: | | Invoicing Phone: | |
| Invoicing Address: | | Email: | |

What address would you prefer to receive your invoices?

Would you prefer your future registrations to be emailed? Yes ☐ No ☐

## REQUIRED SIGNATURE(S)

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 of Mansfield within 30 days.** Failure to follow this requirement may result in penalties as established by City Code.

Please submit your Multi-Family Rental Registration Form online and make payments via online or with a check to: **City of Mansfield, Regulatory Compliance Department 1305 E. Broad Street, Manfield, Texas 76063. You may contact our office at 817-276-4221 or via email at: regulatory.compliance@mansfieldtexas.gov.**

Registration Authorized by:

| | | | |
|---|---|---|---|
| Signature: | | Title: | |
| Print Name: | | Date: | |

Registration Completed by:

| | | | |
|---|---|---|---|
| Signature: | | Title: | |
| Print Name: | | Date: | |