



RENTAL REGISTRATION APPLICATION

Please Select One: Annual Registration Change of Ownership Change of Tenant

RENTAL PROPERTY INFORMATION

Rental Property Address: _____

Primary Tenant Name: _____

Tenant Phone: _____

Date of Occupancy: _____

Number of Occupants: _____

PROPERTY OWNER INFORMATION

Owner Contact Name: _____

Owner Address: _____

Ste. #: _____

City/State/Zip: _____

Email: _____

Phone: _____

PROPERTY MANAGEMENT INFORMATION

Property Management Company: _____

Address: _____

Ste. #: _____

City/State/Zip: _____

Email: _____

Phone: _____

This application constitutes consent of the property owner/manager/agent for the City of Roanoke to perform all required interior and exterior inspections of this property. The signatory hereby represent that all of the information is true and correct; any false information may result in withdrawal of the application and may result in criminal charges.

Print Name: _____

Signature: _____

Date: _____

Please submit to permits@roanoketexas.com with supporting documents.

City of Roanoke | 500 S. Oak Street | Roanoke, TX 76262 | 817-491-2411

Aug 25

To request a rental inspection, please email jbarraza@roanokepolice.com.