

City of Plano Multi-Family Dwelling Registration



Section I: Property Information *(required)*

Property Name: _____	On-site Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address: _____	City: _____ State: _____ Zip Code: _____
Telephone Number: _____	
Fax Number: _____	E-Mail: _____
Mortgage Lien Holder Name: _____	
Mortgage Lien Holder Address: _____	
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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other
Property Owner's Name: _____
Owner's Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: _____ After Hours Telephone Number: _____
Fax Number: _____ E-Mail: _____
Drivers License Number: _____ Drivers License State: _____
If owner is partnership, corporation or trust, complete the following for <u>one</u> partner, officer or trustee:
Tax ID Number of partnership or corporation: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: _____ After Hour Number: _____

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

Name of: <input type="checkbox"/> Management Co. <input type="checkbox"/> Operator <input type="checkbox"/> Agent <input type="checkbox"/> Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____
If management company, operator, agent or contact person is partnership, corporation or trust, complete the following for <u>one</u> 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 Mail and E-mail Address for all Correspondence: _____

Email Address: _____

List the following information for all structures on the premises with rental units:

Address: _____ Building # _____ Unit #'s _____

Fees for Rental Registration are: \$10.00 per Unit

Total number of rental units: _____ x \$10.00 per unit = \$ _____
(Amount due)

The above information is true and correct to the best of my knowledge and beliefs.

Printed Name: _____

Signature: _____ **Date:** _____

Make checks payable to:
City of Plano

Mail completed form and payment to:
City of Plano
Property Standards Department – JUF
PO Box 860358
Plano, TX 75086-0358

Master Card & Visa Payments are accepted onsite at:
Municipal Center Office Joint Use Facility Office
1520 Avenue K, Suite 200 or 7501-A Independence Pkwy
Plano TX 75074 Plano TX 75025
(972) 941-7124 (972) 208-8150