

REPEAT OFFENDER RENTAL REGISTRATION FORM

For additional information regarding registration, please visit: www.austintexas.gov/department/repeat-offender-program

PROPERTY INFORMATION

PROPERTY NAME:	PROPERTY ADDRESS:	
CITY:	STATE: ZIP CODE:	
YEAR BUILT: TOTAL NUMBER OF E	BUILDINGS: TOTAL NUMBER OF RENTED UNITS:	
PROPERTY OWNER INFORMATION		
OWNER'S NAME:	REGISTERED AGENT IF OWNED BY LLC, LP OR ASSOCIATION:	
OWNER'S MAILING ADDRESS:	CITY: STATE: ZIP CODE:	
OWNER'S DRIVER'S LICENSE NUMBER:	STATE DRIVER'S LICENSE ISSUED:	
OWNER'S PRIMARY PHONE NUMBER:	OWNER'S SECONDARY PHONE NUMBER:	
EMAIL ADDRESS:		

EMERGENCY CONTACT INFORMATION

MANAGEMENT COMPANY:	LOCAL AFTER HOURS PHONE NUMBER: (AVAILABLE 24 HRS/7 DAYS A WEEK)	
MAILING ADDRESS:	CITY:	
STATE: ZIP CODE: EN	MAIL ADDRESS:	
MANAGEMENT COMPANY PRIMARY PHONE NUMBER	<u>:</u>	
MANAGEMENT COMPANY SECONDARY PHONE NUME	BER:	
REGISTRATION VERIFICATION		
I ATTEST THAT THE INFORMATION SUBMITTED R IS TRUE, COMPLETE AND CORRECT TO THE BEST	RELATED TO THIS RENTAL REGISTRATION APPLICATION OF MY KNOWLEDGE.	
Owner or Agent's Signature	_	
Printed Name Title	Date	
Please complete the following steps to register your prop	erty with the City of Austin's Repeat Offender's Program:	
 * Print the Application * Check the box next to the Acknowledgment Statement * Execute a Check or Money Order in the amount of \$489 * Please include the relevant property address or a copy * MAIL via USPS Certified Mail/Return Receipt Requested 	9 payable to the "CITY of AUSTIN" of your invoice with the payment	
City of Austin—Austin Code Department Attn: Finance—ROP PO Box 1088 Austin, TX 78767		

* The Registration Form may be submitted in-personat:

City of Austin—Austin Code Department 5202 E Ben White Blvd, Suite 550 Austin, TX 78741 This is not a mailing address. Applications mailed to this address will be returned.