

# Residential Rental Property Registration Application



City of Ennis  
Department of Health Services  
Office: 972-875-6444  
Fax: 972-875-8540  
Email: [healthdept@ennistx.gov](mailto:healthdept@ennistx.gov)

Initial Registration     Renewal     Renewal with Updates

**Amount Submitted (See Rate Table Below):**  
\$ \_\_\_\_\_

## INDIVIDUAL OWNER INFORMATION

**Address of Rental Dwelling Unit:** \_\_\_\_\_ **Total # of Units:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 24/7 Emergency Contact # \_\_\_\_\_ Work/Cell: \_\_\_\_\_

## PARTNERSHIP INFORMATION

Partnership/Company Name: \_\_\_\_\_

Please list the name, business address and phone number of each partner:

\_\_\_\_\_

\_\_\_\_\_

## CORPORATION

Corporation Name: \_\_\_\_\_

Foreign Corporation? (circle) YES NO Place of Incorporation: \_\_\_\_\_

Incorporated Under Texas State Laws? (circle) YES NO

Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_

Local Agent in Charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

List the name of all officers, directors & trustees

\_\_\_\_\_

\_\_\_\_\_

## PROPERTY MANAGEMENT COMPANY

Company Name & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ 24/7 Emergency Contact: \_\_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Mail Payments To:

Water Utilities Dept.  
Ennis City Hall  
P.O. Box 220  
Ennis, TX 75120

### In-Person Payments:

Ennis City Hall  
107 N Sherman St.  
Ennis, TX 75119  
972-875-1234

### Office Use Only

DATE PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT RECEIVED: \$ \_\_\_\_\_

METHOD OF PAYMENT: [ ] CHECK [ ] MO [ ] CC [ ] CASH

### Rental Permit Fee Rate Table

Single-Family Dwelling Units: **\$20.00/ Per Unit Annually**  
Duplexes: **\$20.00/ Per Unit Annually**  
Multi-Family (3+Units): **\$15.00 Per Unit Annually**  
Late Registration: 1<sup>st</sup> Month: **\$150.00**

**Please See Reverse Side**

### Rental Permit Fee Rate Table (Continued)

Late Registration each month thereafter initial late fee charge: **\$50.00**  
Initial Inspection NO CHARGE  
1st Re-inspection NO CHARGE,  
2nd Re-Inspection **\$75.00, Subsequent Re-Inspection(s) \$150.00**

Please see reverse side

Please see reverse side

# Rental Registration Property Information Form



## Instructions:

- Please list all applicable residential rental dwelling units below
- Use additional copies of this form if listing more than thirteen (13) properties. Attach the completed form(s) to the Registration Application. (**PLEASE PRINT**)

	Address of Rental Property	Unit/Apt # (if applicable)	Dwelling Type: Single, Multi-Family, Duplex (Please indicate below)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**\*\*\*IMPORTANT\*\*\* Please Specify Where to Direct All Correspondence**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_