



One Troyan Drive, Meadows Place, TX 77477  
Office: 281.983.2938  
Fax: 281.983.2940  
[Code-enforcement@cityofmeadowsplace.org](mailto:Code-enforcement@cityofmeadowsplace.org)  
[www.cityofmeadowsplace.org](http://www.cityofmeadowsplace.org)

## RESIDENTIAL RENTAL PROPERTY LICENSE APPLICATION

**Address of Rental Property:** \_\_\_\_\_

(If owner of more than one property, use separate application forms.) (Incomplete or illegible applications will be denied.)

**OWNER INFORMATION**

**TENANT INFORMATION**

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

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

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

**Date of Birth:** \_\_\_\_\_

**City:** \_\_\_\_\_

**DL #:** \_\_\_\_\_

**State & Zip:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**DL #:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**MANAGEMENT COMPANY or EMERGENCY CONTACT INFO:**

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

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

**Business / Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Residential Rental Property License and Inspection Program Acknowledgment**

I, \_\_\_\_\_, property owner of the above mention address, confirm that I have received the Residential Rental Property License and Inspection Program packet and understand the rules of registration, inspection, and tenants. I agree to follow the codes, laws and rules of the City of Meadow Place.

\_\_\_\_\_  
**Owner/Agent Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

Complete application and submit payment of \$100.00 to: City of Meadows Place

**\*\*Failure to register property may result in Municipal Court charges and or termination of water utilities\*\***

**Registration due annually no later than **June 30<sup>th</sup>** each year to maintain compliance.**