



Section I: Property Information

On-site Office: Yes No

Property Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail: _____

Name of Onsite Manager/Contact Person: _____

Telephone Number: _____ E-Mail: _____

After Hours Telephone Number (for use in emergencies only): _____

Total Number of Buildings: _____ Total Number of Units: _____ Year Built: _____

Section II: Property Owner Information (Property Owner refers to person(s) or entity with legal title)

Ownership Type: Sole Proprietorship Partnership Corporation Trust Other

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ After Hours Telephone Number: _____ (for use in emergencies)

E-Mail: _____

To avoid processing delays & potential late fees, please make note of the following:

- Registration(s) are due on or before **March 31st** of each year
- Please ensure that all sections are thoroughly & accurately completed
- If this form is hand written and not typed it must be legible
- This form and payment should be submitted together at the address listed below.

Annual Registration and Inspection Fee

Fees for Multi-Family Rental Registration: \$50.00 per unit with a minimum of two hundred dollars (\$200.00) per year.

Number of units: _____ x \$50.00 per unit = \$ _____ (Amount submitted)

Make checks payable to:
Town of Prosper
Mail completed form and
payment to:
Town of Prosper
Code Compliance
250 W. First St.
Prosper, TX 75078

Annual registration or renewals postmarked or received after **March 31st** shall be assessed an additional fee increase of:

- 10% of the registration fees if within thirty (30) days after the due date.
- 30% of the registration fee if received within 31 to 60 days after the due date.
- 50% of the registration fee if received sixty-one days after the due date.

By signing or typing below, I affirm that the information listed on this form is true and correct to the best of my knowledge and beliefs.

Printed Name: _____

Signature: _____ Date: _____