



RENTAL REGISTRY APPLICATION

Please return this application to:
109 N. KAUFMAN ST. / P.O. BOX 597
MOUNT VERNON, TX 75457
Phone: (903) 537-2252 • Fax: (903) 537-2634
Email: rcrane@comvtx.com

PROPERTY INFORMATION:

Property Address: _____

(Number and Street Name)

of units:

if multiple unit building,

of common area spaces:

OWNERSHIP INFORMATION:

Name of Owner/s:

Mailing Address:

City, State, & Zip:

Email:

Phone Number:

Alternate Number:

PROPERTY MANAGER/AGENT INFORMATION: (if applicable)

Name of Manager or Responsible Party:

Manager/Agent's Mailing Address:

City, State, & Zip:

Email:

Phone Number:



RENTAL PROPERTIES

Number and Street Name

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