



Short-Term Vacation Rental Contact Information

Name of person providing information: _____

Complete physical address of Short-Term Vacation Rental: _____

Name of property owner(s) registered with the County Assessor:

Mailing address of property Owner(s): _____

Rooms _____ Maximum Occupancy _____

Has this property been registered with County Assessor as a Rental Property? Yes No

Contact Information for Owner/Owner's Designee for Responding to Complaints

Full Name: _____ Type: Owner Owner's Designee

Mailing Address: _____

24 Hour Phone Number: _____ Alternate Number: _____

E-Mail Address: _____

Designated Emergency Contact Information for Owner

Check if same as above

Full Name: _____ Type: Owner Owner's Designee

Mailing Address: _____

Emergency Phone Number: _____ Alternate Number: _____

Email Address: _____