

TOWN OF WARWICK SHORT TERM RENTAL REGISTRATION FORM

\$150 Application fee

***PLEASE NOTE:**

Short term rental applications will be reviewed first, followed by a short term rental inspection. Handing in a completed application, under no means, deems your property approved for short term rental purposes.

Date: _____

Name of owner for rental property: _____

Social Security Number: _____ - _____ - _____

Property Owner Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone number: () _____ - _____ (A phone number that we can reach 24 hours a day).

Cell Phone: () _____ - _____

Email address: _____

Rental property address: _____

City: _____ State: _____ Zip: _____

Sec-Blk-Lot: _____ - _____ - _____

Number of rental units per building: _____

Number of bathrooms in rental unit: _____

Number of overnight & daytime occupancy limit: _____

Number of Exit locations: _____

Fire safety protection system type: _____

Please fill out the following if the property owner does not reside within the corporate boundaries of Orange County, New York.

Rental Agency Name: _____

Rental Agents Name: _____

Agents address: _____

City: _____ State: _____ Zip: _____

Rental Agents Signature: _____

AUTHORIZATION (NOTARY):

State of New York, County of _____, _____, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

This ____ day of _____, 20____

Owner Signature: _____

NOTARY PUBLIC: _____

Print Name: _____

Stamp:

FOR TOWN USE ONLY

FEE PAID: _____ CHECK #: _____ CASH AMOUNT OF CHECK: _____

Comments: _____ Application #: _____

Application approved: Yes No

Comments: _____