

Phone (503) 368-5343 FAX (503) 368-4145

SHORT TERM RENTAL APPLICATION

1. Applicant Name: _____
Address: _____ Phone: _____

2. Rental Street Address: _____
Local Phone Number, if any: _____
3. All Owners (include any person with a legal property interest. Continue on back if needed)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Property Manager, if any: _____ Phone: _____
5. Required Local Contact: _____ Phone: _____
6. Required Garbage Service provided by: *Check one*
 WOW (Western Oregon Waste) Management Agency

FEES

Fees are required:

\$ 75.00 Initial Fire & Life Safety Inspection & Evaluation. (covers two inspections only. Fees may be required for additional inspections)	Pd by Receipt # _____ Date _____
\$150.00 Annual Permit Fee (permit valid 8/1 to 7/31)	Pd by Receipt # _____ Date _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I WILL NOTIFY THE CITY SHOULD THERE BE ANY CHANGES TO THIS REGISTRATION. I ACKNOWLEDGE THAT FAILURE TO COMPLY WITH ALL REGULATIONS REGARDING THIS REGISTRATION MAY RESULT IN THE REVOCATION OF MY RENTAL PERMIT.

_____ Applicant's Signature	_____ Date
_____ Co-owner's Signature	_____ Date
_____ Co-owner's Signature	_____ Date
_____ Co-owner's Signature	_____ Date

OFFICE USE ONLY

Account Number _____
Entry Date _____
Effective Date _____
Zone _____