

Date Received:		
Cert. No:		
New Cert. Mailed:		

Short Term Rental (STR) Change of Information Form

STR Street Address:			
Primary Owner's Name:			
	State/Zip:		
Preferred Telephone:	Email:		
NEW Authorized Agent (Prop	perty mgmt. company or other de	esignee authorized to act on owner's behalf):	
Mailing Address:			
City:	State/Zip:		
Preferred Telephone:	Email:		
Name	Address:	ond to complaints within 30 minutes travel time):	
Mail updated License & Cert		☐ Local Representative	
Owner Signature	Printed Name	 Date	
Authorized Agent Signature	Printed Name	 Date	