

Short-Term Rental Registration Form

Town of Throop

7471 Robinson Road
Auburn, NY 13021
(315) 252-7373

Instructions: This form is to be completed by the property owner(s) or their designated agent, with the associated fee paid, and filed with the Town Clerk annually for each property that they wish to use as a Short-Term Rental in accordance with Article IV, Section 4.06, A (10) of the Town of Throop Zoning Law.

OFFICE USE ONLY

Application No: _____
Date Received: _____
Fee Paid: \$_____ for the year _____

Pursuant to the Town of Throop Zoning Law Article IV, Section 4.06, A (10) the following owner(s) hereby register the property indicated below with the Town of Throop for Short-Term Rental use for the calendar year _____.

Owner(s)

Name(s): _____

Permanent Address: _____

Mailing Address: _____
(If different from above)

Telephone Number(s): _____

Address of Property Being Rented: _____

Contact Person/Agent:

Name(s): _____

Emergency Telephone Number(s): _____

Email Address: _____

Initial to confirm the following:

Owner Agent

_____	_____	Property contains fully functioning smoke alarm.
_____	_____	Property contains fully functioning Carbon Monoxide Detector and Alarm
_____	_____	There is a fully functioning fire extinguisher in the kitchen
_____	_____	I have read and am familiar with the requirements for Short-Term Rentals Article IV, Section 4.06, A (10) of the Town of Throop Zoning Law
_____	_____	I have read Article IV, Section 4.06, A (10) (b) of the Town of Throop Zoning Law and I understand that I must pay an annual registration fee as established by the Town Board. I understand that failure to pay said registration fee is subject to a fine payable to the Town of Throop.

OWNER SIGNATURE

_____/_____/_____
DATE

CONTACT PERSON / AGENT SIGNATURE

_____/_____/_____
DATE

TOWN CLERK SIGNATURE

_____/_____/_____
DATE