



Short Term Rental Application

CONTACT INFORMATION

Owner / Property Management Company	<input type="text"/>		
Owner / Property Management Company	<input type="text"/>		
Street Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Emergency Contact	<input type="text"/>		Phone
Name	<input type="text"/>		<input type="text"/>
Utah State Tax Number	<input type="text"/>		

(Note: Must be Registered Town of Woodruff)

SHORT TERM RENTAL PROPERTY INFORMATION

Owner of Property	<input type="text"/>		
Address of Short Term Rental	<input type="text"/>		
Owners Phone #	<input type="text"/>	Parcel ID #	<input type="text"/>
Owners Mailing Address	<input type="text"/>		

1. Structural maintenance to preserve substantial code compliance; and
2. Routine upkeep, including painting and repair to a level that is consistent with the level of maintenance of adjoining or nearby properties; and
3. Trash collection which insures that trash containers are not left at the curb for any period in excess of twenty-four (24) hours and the property must be kept free of the accumulated garbage and refuse. All large boxes must be collapsed and trash bagged and place appropriate receptacles/

By signing this document, I represent that I have read and am familiar with the Short Term Rental Ordinance, Title 10, Chapter 11 of the Town of Woodruff's Development Code, and I will conform to all the requirements therein. I also certify that this rental house/unit complies with all applicable health, safety, fire, and related public safety requirements. I further acknowledge that I understand that it is my responsibility to contact the Town of Woodruff's Clerk's Office at any point that I make a change to a rental unit which might affect the information on my application.

Signature of Property Owner:

STAFF USE ONLY

APPLICATION FEE: Non-Refundable \$100 plus \$140 per unit **AMOUNT DUE:**

The foregoing application was _____ at a meeting of the Woodruff Town
(Approved or Disapproved)
Board held on _____ day of _____. 20_____.

STAFF SIGNATURE

DATE