

APPLICATION FOR CERTIFICATE OF SEASONAL RENTAL REGISTRATION

Please print clearly. Complete Entire Application. Incomplete application will be returned.

Dear Property Owner, Below is an application for compliance with the Renting or Leasing Buildings Bylaw (GNL BYLAW, Ch II, §1). **Rental Registration** is applicable if you are renting your house or any portion thereof for 120 days or less. In addition to generating revenue for essential town services, this bylaw allows the Town of Truro to control access to the limited parking available at the town beaches and affords the opportunity to restrict the sale of beach parking permit stickers to Truro property owners, residents, and their authorized renters and guests. The Rental Registration fee of **(\$200.00)** was approved by the Board of Selectmen at a duly held meeting on February 28, 2017.

Upon receipt, of your Rental Registration application your property will be registered with the Town and your Rental Registration information will be emailed to the Beach Department. Rental Registrations will only be registered with the Beach Department when payment of cash or check for the fee amount is received.

You may register your property either by mail, in person at the Selectmen’s Office at Truro Town Hall, or by emailing ntudor@truro-ma.gov or nscoullar@truro-ma.gov.

The Rental Registration application is also available on the town's website: <http://truroma.vt-s.net/licensing-department>

Property Owner(s): _____ Street Address: _____
Name/Trust Name Rental Location

Mailing Address _____
PO Box Town/City State Zip Code

Phone Number & Email: _____ / _____ / _____
Primary Alternate Email Address

Rental Timeframe (Example June 1 – Aug. 31): _____

Emergency Contact Information provided to the Renter

Name: _____
Emergency Contact Phone Number

The total square footage of each bedroom **MUST** be included to determine the number of people the building can legally accommodate.

(#1) _____ (#2) _____ (#3) _____ (#4) _____ (#5) _____
(#6) _____ (#7) _____ (#8) _____ (#9) _____ (#10) _____

NUMBER OF PERSONS THE DWELLING CAN LEGALLY ACCOMMODATE PER MA. STATE SANITARY CODE 105 CMR 410.000 (This figure will be filled out and returned to applicant) _____

I hereby certify that I, the undersigned, am the owner/agent of the above referenced Truro property; that I do lease or rent this property on a seasonal basis, that all taxes, fees, assessments, betterments or other municipal charges are not in arrears for more than a twelve-month period, and that the above statements are true to the best of my knowledge.

Signature: _____ Date: _____

RENTAL REGISTRATION FEE: **\$200.00** PAYABLE TO “TOWN OF TRURO”

TOWN OF TRURO 24 TOWN HALL ROAD PO BOX 2030 TRURO MA 02666
PH: (508)349-7004 EXT 110 or 124 Fax: (508)349-5505