## Town of Athens 2 First Street Athens, NY 12015

## APPLICATION FOR RENTAL CERTIFICATE If you rent your home for eight days or less a rental certificate is required

Contact Informa	tion:							
Owner's Name					Phone # ()			
Owner's Street Ac	ddress							
Local 24 hour Contact					Phone #			
Contact's Street A	\ddress					<u> </u>		
Property Inform								
Property Tax Lot	#			-				
Property Street A	ddress							
Property Mailing								
Maximum number Please note that to	er of overnigl the term bedr oms are there	nt occupants  cooms means e in this struc	only bedrooi	w many family unit ns not family room. _ How many bathro	s/dens/lofts/et	<i>c</i> .		
Bedroom #1	_ feet X	feet =	sq. ft.	Bedroom #5	feet X	feet =	sq. ft.	
Bedroom #2	feet X	feet =	sq. ft.	Bedroom #6	feet X	feet =	sq. ft.	
Bedroom #3	_ feet X	feet =	sq. ft.	Bedroom #7	feet X	feet =	sq. ft.	
Bedroom #4	feet X	feet =	sq. ft.	Bedroom #8	feet X	feet =	sq. ft.	
Rental Law and	will comply	with same;	all informat	I have reviewed to ion contained here he law in a conspic	ein is correct	to the best of	f my	
Owner				Date				
				BELOW THIS LI				
This Property has	no outstand	ing violation	S				3	
This property approvernight.	proved for re	ntals to no m	ore than	persons day tin	ne and	persons stay	ing	
Certificate appro-	ved by				date			
Fees Paid \$ Received by			ived by		Receipt #			
This Rental Certi	ficate is effe	ctive for one-	year to					