

**Lawrence Township
New Short-Term Rental
Application**

Property Owner:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____

24-Hr Emergency Contact (within 25 miles of rental property): _____

Agent Information:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____

Short-Term Rental Property Information:

Address: _____ City: _____ State: ____ Zip: _____

Property Tax ID #: _____

Number of rooms: _____ Number of bedrooms: _____

Maximum number of permitted occupants: _____

Number of available legal off-street parking spaces _____

Additional Documents to be included with application:

_____ Short-Term Rental Unit Affidavit of Condition

_____ Tenant Good Conduct Agreement

_____ Verification of sufficient commercial trash removal services & covered trash bins

_____ Copy of well approval from Van Buren County Health Department

_____ Copy of septic system approval from Van Buren County Health Department

By signing below, the owner/agent of the rental property certifies that the above statements are true. Statements found to be falsified on this affidavit will be grounds to revoke the rental registration and subject to applicable fines.

Printed Name: _____ Title: _____

Signature: _____ Date: _____