

**Lawrence Township  
Short-Term Rental Renewal  
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

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: \_\_\_\_\_