



**CITY OF PHOENIX
SHORT TERM
VACATION RENTAL
REGISTRATION FORM**

Complete physical address of short term vacation rental: _____ **Unit:** _____

Platform (Online Market Place) the rental is listed on (list if multiple): _____

Contact Information **Property Owner** or **Authorized Agent**

First and last name / company: _____

Mailing address: _____

Cell phone number: _____ Alternative phone number: _____

E-mail address: _____

a. Emergency contact (required) **Check if the same as above**

Contact info of person who has authority & responsibility to respond in person, text or phone in 60 minutes

First and last name / company: _____

Cell phone number: _____ Alternative phone number: _____

E-mail address: _____

b. Emergency contact (optional)

Contact info of person who has authority & responsibility to respond in person, text or phone in 60 minutes

First and last name / company: _____

Cell phone number: _____ Alternative phone number: _____

E-mail address: _____

c. Emergency contact (optional)

Contact info of person who has authority & responsibility to respond in person, text or phone in 60 minutes

First and last name / company: _____

Cell phone number: _____ Alternative phone number: _____

E-mail address: _____

Has this property been registered with the County Assessor as a rental property? **YES** **NO**

Is delegation, pursuant to 10-196 E, applicable? **YES** **NO** ▶ If YES, then attach an authorization, signed by the owner and the Online Lodging Operator (OLO), that the OLO will be responsible.

The undersigned hereby certifies as follows:

- a. The undersigned is the owner of the short term vacation rental or is authorized to file this form on behalf of the owner.
- b. The undersigned has read and understood the definitions and provisions of Ordinance G-6653 and agrees to comply with the requirements established for the operation of the short term vacation rental. This includes change in emergency-contact updates in 10 days and posting sign within 10-feet of front entrance.
- c. All information provided on this form is true and correct to the best of his/her knowledge.

Signature

Date

Title (if applicable)

Printed Name

Company (if applicable)

Reviewed by City Phoenix Staff

City Phoenix Assigned
Registration Number