CITY OF TROTWOOD

SHORT-TERM RENTAL ANNUAL REGISTRATION

Pursuant to City Ordinance 736.03 - Annual Registration

REGISTRATION INFORMATION

Registration No. _____

Registration Year _____

HOST INFORMATION

Host Name: _____

Host Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

LOCAL RESPONSIBLE CONTACT

(Must reside in Montgomery County or a county bordering Montgomery County.)

Contact Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

SHORT-TERM RENTAL PROPERTY

Rental Property Address: _____

CERTIFICATION

I certify that the information provided is true and complete and that I will comply with all applicable City ordinances governing short-term rentals.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

☐ **Approved** ☐ **Denied**

Reviewed By: _____

Approval Date: _____

Expiration Date: _____