TOWN OF MINONG SHORT-TERM RENTAL PROPERTY APPLICATION FORM

PROPERTY OWNER:	
PROPERTY ADDRESS:	
PROPERTY OWNER PHONE #:	
PROPERTY OWNER MAILING ADDRESS:	
CITY:	STATE:ZIP:
AREAS OF PROPERTY TO BE RENTED:	
PROPERTY MANAGER:	
PROPERTY MANAGER PHONE #:	
PROPERTY MANAGER PHYSICAL ADDRESS:	
CITY:	,WI
PROPERTY OWNER WILL PROVIDE PROPERTY MANAGERS C TENENTS: YES or NO IS THE PROPERTY INSURED? YES or NO	ONTACT INFORMATION TO
SIGNATURE OF OWNER:	DATE:

TOWN BOARD APPROVED APPLICATION: YES or NO	DATE: