



Transmittal Form for Short-Term Vacation Rental Applications

This form must be completed when 2 or more STVR applications are being submitted.

TO: PLANNING & URBAN DESIGN

Contact Name: _____ Phone Number: _____

Number of Applications Delivered: _____ Delivered By: _____

Short-Term Vacation Rental Address (Include Unit #) Please Print Legibly	Amount Paid	Check Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

OFFICIAL USE ONLY

RECEIVED BY: _____ **DATE:** _____