

Check-In Date	Check-Out Date	Duration of stay # of nights	# of Guests Aged over 12/under 12	For Primary Residences: Number of nights operator was present/not present. If bedrooms are rented separately, list each as a separate stay and indicate which bedroom is rented for each stay listed (bedroom #1, #2).
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	
			/	

I certify all short-term rental stays have been reported, listed separately, that the duration of each stay is reported, and that the information provided in this report is true, complete, and accurate. I understand providing false information is a violation of Ordinance 11-24. Failure to provide accurate and timely reports may result in revocation of the town short-term rental permit.

Signature of Operator

Date