## **Short Term Rental Quarterly Report**

Type or print legibly. Use additional copies of page 2 if more space is needed. Each individual stay must be listed separately. Example: List one guest's 1-week stay on one line then list the next subsequent guest's stay on the next available line. If bedrooms are rented separately, list each as a separate stay. Submit report by the due date to TownHall@townofdunnwi.gov

STR Permit #		Operator Name (host interacting with guests)			
STR Address					
STR Type	☐ Limited STR: Primary residence, <u>host present</u> , no limit within 365-day period ☐ Regular STR: 180-day maximum within 365-day period, 6-night minimums				
Reporting Period Dates	Q1: Jan. 1 – March 31 Q2: April 1 – June 30 Q3: July 1 – Sept. 30 Q4: October 1 – Dec. 31	Report Due Dates Q1: May 1 Q2: August 1 Q3: November 1 Q4: February 1	Reporting Quarter □Q1 □Q2 □Q3 □Q4		
List All Advertising Sites					

Check-In Date	Check-Out Date	Duration of stay # of nights	# of Guests Aged over 12/under 12	If bedrooms are rented separately, list each as a separate stay and indicate which bedroom is rented for each stay listed (bedroom #1, #2).
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Date	Date	of stay # of nights	over 12/under 12	separate stay and indicate which bedroom is rented for each stay listed (bedroom #1, #2).
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reported, and providing fa	nd that the Ilse informa	information   tion is a viola	provided in this rep	listed separately, that the duration of each stay is ort is true, complete, and accurate. I understand .1-24. Failure to provide accurate and timely reports permit.
Signature of	Operator			Date

# of Guests Aged

Check-In

Check-Out

Duration

If bedrooms are rented separately, list each as a