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. Reports are still required even if no stays occurred within the reporting quarter. If bedrooms are rented separately, list each as a separate stay. Submit report by the due date to TownHall@town.dunn.wi.us.

STR Permit #		**Operator Name (host interacting with guests)**	
STR Type	☐ Limited STR: Primary residence, host absent, 30-days or less per 365-day period ☐ Limited STR: Primary residence, host present, 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**	**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).**
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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