CITY OF
INDIAN ROCKS BEACH
VACATION RENTAL REGISTRATION
1507 BAY PALM BOULEVARD | 727-595-2517

AMENDED REGISTRATION / CHANGE REQUEST

For changes to a registered vacation rental, including the designated responsible person.

1. VACATION RENTAL / OWNER INFORMATION

PROPERTY ADDRESS: _____ **UNIT:** _____

REGISTRATION NO.: _____ **OWNER NAME:** _____

OWNER PHONE: _____ **OWNER EMAIL:** _____

TYPE OF AMENDMENT: ☐ Safety plan ☐ Parking plan ☐ Designated responsible person(s)

2. RESPONSIBLE PERSON REDESIGNATION

CURRENT / PREVIOUS RESPONSIBLE PERSON: _____

NEW RESPONSIBLE PERSON NAME: _____

COMPANY / MANAGEMENT FIRM (IF APPLICABLE): _____

PRIMARY PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL: _____

MAILING ADDRESS: _____

3. NEW RESPONSIBLE PERSON ACKNOWLEDGMENT / AFFIDAVIT

I acknowledge receipt of a copy of the City of Indian Rocks Beach vacation rental requirements and agree to serve as the designated responsible person for the vacation rental identified above and to perform the duties required of the responsible person.

RESPONSIBLE PERSON SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **EFFECTIVE DATE:** _____

Notice: Any notice of violation or legal process delivered or served upon the previous responsible person before the City receives notice of the change remains effective service.

4. OWNER CERTIFICATION

I request that the City amend the vacation rental registration identified above and certify that the information submitted with this request is true and correct.

OWNER SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

5. CITY USE ONLY

DATE RECEIVED: _____ **RECEIVED BY (PRINT NAME):** _____

CITY STAFF SIGNATURE: _____ **DATE:** _____