

# SHORT TERM RENTAL REGISTRATION FORM

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**Registration:**    Owner Occupied                       Investor Owned (Commercial, PRD or  
Residential Non-Owner Occupied)

Property Address: \_\_\_\_\_

## OWNER INFORMATION

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**LOCAL AGENT (Owner or local agent must live within 35 miles of property & be available 24 hours a day to respond to complaints.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The short term rental worksheet must be completed & submitted with this form.**

**City of Holland  
Community & Neighborhood Services  
270 S. River Ave. Holland, MI 49423  
616-355-1330 fax: 616-546-7058  
Email: [cns@cityofholland.com](mailto:cns@cityofholland.com)**