



SUZANNE JOHNSTON, C.F.C.

Flagler County Tax Collector

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Phone: 386-313-4165 & 386-313-4166 / Fax: 386-313-4169

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SHORT TERM RENTAL STATUS AFFIDAVIT

Owner/Agent Name: _____

Rental Property Address: _____

Rental Property Parcel Number: _____

Contact Name: _____ Phone #: _____

Email: _____

Last Day Rented: _____

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> RENTING LONG TERM (6 MONTHS OR MORE)
<i>Unit is Rented with Written Lease Longer Than six (6) months and (1) day</i> | <input type="checkbox"/> RE-ACTIVATE ACCOUNT |
| <input type="checkbox"/> COPY OF VALID LEASE ATTACHED | <input type="checkbox"/> PRIVATE RESIDENCE |
| <input type="checkbox"/> CHANGE OF ADDRESS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> NOT A RENTAL
<i>Short term or long-term</i> | <input type="checkbox"/> PROPERTY HAS BEEN SOLD
Date of Sale: _____ |
| <input type="checkbox"/> NEW MANAGEMENT COMPANY | <input type="checkbox"/> RECREATIONAL VEHICLE RENTAL
(tag number: _____) |

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true and correct.

Signature: _____ Title: _____ Date: _____