

SHORT TERM/VACATION RENTALS REGISTRATION FORM

Please e-mail completed form to: CodeEnforcement@litchfield-park.org

Section 1: Business Information	
Name of the Vacation Rental ("DBA")	Legal Business Name (if different, for example LLC)
Physical Address of the Location Rental:	
Current Mailing Address:	
Business Phone (available to the Public):	Start Date in Litchfield Park (Month and Year):
Email:	
AZ State TPT (Sales Tax) Number:	

Section 2: Ownership Information	
Name:	
Title (Owner, Member, Officer, etc):	
Mailing Address:	
Contact Phone:	Email:

Section 3: Local Contact/Additional Information	
Local Contact Person Name:	
Mailing Address:	For Internal Use Only VRR # _____ Issue Date _____
City, State, Zip:	
24 Hour Contact Phone:	
Email Address:	

Signature _____ Date _____