

OFFICE USE ONLY

☐ Rental of Rooms
☐ Entire Dwelling Unit

☐ Accessory Dwelling Unit

Registration Number: _____



Town of Lenox Short Term Rental Registration Application

Rental Property Address: _____

City: _____ State: _____ Zip: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner Telephone Number: (____) ____ - _____

Property Owner Email Address: _____

MA Department of Revenue Certificate Number: _____

Please fill out the following if the property owner does not reside within Berkshire County, Massachusetts.

Local Contact Name: _____

Local Contact Address: _____

City: _____ State: _____ Zip: _____

Local Contact Primary Telephone number: (____) ____ - _____

Local Contact Secondary Telephone Number: (____) ____ - _____

Local Contact Email Address: _____

Is "Local" contact the primary contact: ☐

Owner Signature: _____

Date: _____

Property owner attests and affirms that they are familiar with their obligation to comply with the State Sanitary Code, Federal, State and Local housing regulations, and all other regulations applicable to residential dwellings, and that they intend to comply with said regulations.

Please return completed form to Lenox Town Clerk, ksullivan@townoflenox.com or mail to 6 Walker Street, Lenox MA 01240.