



## RENTAL REGISTRATION FORM

**DATE:** \_\_\_\_\_

**Name of Title Owner:** \_\_\_\_\_

**Street Address of Rental:** \_\_\_\_\_

Shelter Island, New York 1196

**Tax Map No.** #473289-700-\_\_\_\_\_

(If you do not know your tax map #, you may leave it blank.)

### Contact Information:

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

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

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**Number of Bedrooms:** \_\_\_\_\_ (must not exceed number on filed building plans)

Please advise how the property will be rented. (check one)

\_\_\_\_ I certify that I will only rent or advertise any rental for 15 days or longer

\_\_\_\_ Owner Occupied Premises

\_\_\_\_ Homesteaders Hardship exemption (attach proof of STAR Exemption and redacted copy of latest federal tax return)

\_\_\_\_ Vacation Rental License (Attach proof of current license or application)

\_\_\_\_ Charitable Rental

\*After you have filled out this form, you may “save” to your computer and email the form to:  
[rentals@shelterislandtown.us](mailto:rentals@shelterislandtown.us) Any questions call 631-749-0400 ext. 2107