

## ONEIDA COUNTY DEPARTMENT OF FINANCE

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501 (315) 798-5750 ♦ fax: (315) 735-8371 ♦ www.oneidacountyny.gov

## **OWNERS CONSENT FORM**

| PROPERTY INFORMATION  |  |
|---|--|
| Address:  |  |
| REGISTERED O  | WNER(S)  |
| Full Name:  |  |
| Mailing Address   |  |
| City and Zip Cod  | e:   |
| Phone:  |  |
| Email:  |  |
| APPLICANT DE  | TAILS  |
| Full Name:  |  |
| Mailing Address:  |  |
| City and Zip Cod  | e:   |
| Phone:  |  |
| Email:  |  |
| Please be advised   | that I/we, the registered owner(s) of the above-mentioned property:  |
| •   | Authorize that I am the lawful owner of the property listed above in the Property Information section. I am aware that the applicant listed is registering for a short-term rental registration number from Oneida County, New York on this property. I hereby affirm and represent that I have the authority to give this consent.  |
| Owners Name   | и ————————————————————————————————————   |
| Owners' Signature   | e and Date   |
| Notary Signature  | TO A TO A STATE OF THE STATE OF |
| State of County of The foregoing instrument was acknowledged before me this (date) by (name of person acknowledged) |  |
|   | Printed Name:  |
| Notary Public   | My Commissioner Expires:   |