

**VILLAGE OF SALTAIRE**  
**2019 RENTAL REGISTRATION FORM**

**Instructions: Complete (PDF Fillable) form and submit to the Village of Saltaire via:**  
**Email [nancy@saltaire.org](mailto:nancy@saltaire.org) or**  
**FAX (631) 583-5986 or Mail to PO Box 5551, Bay Shore NY 11706**  
**Incomplete forms will not be accepted. Questions? Call 631-583-5566**

**Owner Information**

Owner(s) of Property: \_\_\_\_\_

Owner(s) Saltaire Rental address: \_\_\_\_\_

Owner Contact Phone Number(s): \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

**Tenant Contact Information**

Tenant: \_\_\_\_\_

Tenant Contact Phone Number(s): \_\_\_\_\_

Tenant Email address: \_\_\_\_\_

**Lease Information**

Name of Real Estate Broker: \_\_\_\_\_ No Broker Used

Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ Waiver Requested

Waiver Reason: \_\_\_\_\_

By checking this box, and typing or signing my name below, I attest that:

- I am the owner of the above-referenced property
- At least one single station smoke detector alarm device & one single station carbon monoxide detector is installed on or near the ceiling adjacent to all sleeping spaces in this dwelling and that such devices are in good working order
- This rental is in conformance with Chapter 46 and all other relevant sections of the Code of the Village of Saltaire;
- To the best of my knowledge all of the information contained herein is true and accurate.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

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**This Section is for Saltaire Administrative Use**

Approved \_\_\_\_\_ # \_\_\_\_\_ Rental Request Denied \_\_\_\_\_ Date: \_\_\_\_\_