

Summer Rental Application



Incorporated Village of Westhampton Beach

www.westhamptonbeach.org

165 Mill Road, Westhampton Beach, New York 11978

Phone: (631) 288-3479 Fax: (631) 288-4332 Email: code.officer@westhamptonbeach.org

Date:		<u> </u>	Section:	Block:	Lot:
PART I:	OWNER INFORMA	ATION (Plea	ase type or print below)		
Property Locatio	on:				
Owner(s) of Reco	ord [Full Name]:				
Home Phone #:	()	Work Phone	#:()	Cell Phone #()
Owner Signature	e:		Email:		
Mailing Address	of Owner:				
City, State, Zip C	ode:				
One (1		(OWNER SIGNATURE			e owner must relinquish
)		
PART III:	SUMMER RENTAL D	<u>ETAILS</u>			
Number of Bedro	ooms:		Dates of Lease:	From:	To:
-	•	•	ne premises between th one (1) additional moto	•	00 a.m. shall not exceed
Have there beenYes	•		risions of the Zoning Ord	_	
Filing Fee 30 da	ays or less: \$150.00		(Over 30 days \$250.00_	
Applications will b	e received by the Buildin	ng & Zoning Departmer		from 9:00 a.m. to 4:00 p.n	mmer Rental Application. n. <u>In order for applications to</u>
	т	HIS OFFICE WILL NO	ACCEPT INCOMPLETE	APPLICATIONS	
		ADM	NISTRATIVE USE ONLY		
Application/Reco	eipt #			Date Received:	

Permit #:_____

Date Issued:_____



Summer Rental Tenant Information



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<u>NOTE</u>: The NAME AND PERMANENT ADDRESS of each adult (18 and over) who will use the property is required and MUST BE PRINTED AND LEGIBLE. APPLICATIONS THAT ARE NOT LEGIBLE WILL NOT BE ACCEPTED. This application will not be accepted for filing unless <u>SIGNED BY OWNER AND EACH ADULT TENANT</u>. Tenants will NOT be issued a beach pass unless their name and signature appear on this application.

1) NAME:	DATE OF BIRTH				
ADDRESS:					
HOME PHONE #:	CELL PHONE #:				
SIGNATURE:	LICENSE PLATE #:	STATE:			
2) NAME:	_DATE OF BIRTH				
ADDRESS:					
HOME PHONE #:	CELL PHONE #:				
SIGNATURE:	LICENSE PLATE #:	STATE:			
3) NAME:	DATE OF BIRTH				
ADDRESS:					
HOME PHONE #:	CELL PHONE #:				
SIGNATURE:	LICENSE PLATE #:	STATE:			
4) NAME:	_DATE OF BIRTH				
ADDRESS:					
HOME PHONE #:	CELL PHONE #:				
SIGNATURE:	LICENSE PLATE #:	STATE:			
5) NAME:	DATE OF BIRTH				
ADDRESS:					
HOME PHONE #:					
SIGNATURE:	LICENSE PLATE #:	STATE:			

The above consent designate the Village Clerk, Village of Westhampton Beach as their agent to accept service of any process relating to the summer rental.



20____Summer Rental Garbage Removal



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PART V:	SUMMER RENTAL GARBAGE REMOVAL
Property Location	on:
Owner/Tenant:	
This letter states	s that I am applying for a permit from the Village of Westhampton Beach to rent the above property for
the SUMMER SE	ASON OF 20, and in accordance with the rental, I personally accept the responsibility for the
collection of gar	bage at the above location for the duration of the rental.
Signed:	
Date:	
(Please note tha	t the above form is acceptable instead of a formal contract for garbage collection at Summer rentals).