



City of Anna Maria

Acceptance of Designation as Vacation Rental Agent (Form #3)

TO BE COMPLETED BY VACATION RENTAL AGENT:

Relating to Vacation Rental located at: _____

I _____, accept the designation as Vacation Rental Agent for the following purposes:

- All purposes as allowed under the Vacation Rental Ordinance
- Only the following purposes (specify):

Name: _____

Business Address: _____

Home Address: _____

Home Phone #: _____ Business Phone #: _____

Cellular Phone #: _____ Fax #: _____

Email: _____

CERTIFICATION:

By submitting this form, I hereby state that I have read and understand the Vacation Rental Ordinance in full and certify that I agree to perform the duties of a Vacation Rental agent as set forth in the Vacation Rental Ordinance and as set forth herein for the above described Vacation Rental, and in the event I am no longer able or willing to fulfill the role of Vacant Rental agent for the above described Vacation Rental, I will immediately notify the City of Anna Maria and the Vacation Rental Owner.

Date of Submission: _____