



TENANT NOTIFICATION TO PROPERTY OWNER

Allouez Village Hall
1900 Libal Street, Green Bay, WI 54301
(920) 448-2800
Fax (920) 448-2850
www.villageofallouezwi.gov

SHORT-TERM RENTAL (STR) PROPERTY INFORMATION

Address: _____

Tenant/Operator Name: _____

Phone No.: (____) _____ - _____ Email: _____

- Lease Attachment:** A signed copy of the lease is attached, which states a short-term rental operation is allowed in this dwelling unit.
- Notice to property owner:** I agree to abide by all Village of Allouez regulations for the operation of a short-term rental, as detailed in the Village of Allouez Municipal Code of Ordinances, Chapter 270.

Tenant/Operator Signature: _____

Date ____ / ____ / _____

PROPERTY OWNER INFORMATION

Name: _____

Company or DAB Name: _____

Address: _____

Phone No.: (____) _____ - _____ Email: _____

- Tenant has notified me of their intent to operate a short-term rental at this dwelling unit, which is allowed in the lease agreement.
- I understand tenant will abide by all Village of Allouez regulations for the operation of a short-term rental, as detailed in the Village of Allouez Municipal Code of Ordinances, Chapter 270.
- I approve of the proposed operation of a short-term rental operation at this dwelling unit.

Property Owner Signature: _____

Date ____ / ____ / _____