



## 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](http://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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_