CITY OF YACHATS

VACATION RENTAL WAITLIST REGISTRATION

PO Box 345 Yachats, OR 97498 Ph: (541) 547-3565 Fax: (541) 547-3063

Application Fee:
$25.00

Owner's Name: _____

Rental Address: _____

_____

_____

_____

Email address: _____

Owner's Phone: _____

Utility Billing Account Number _____

Number of Bedrooms: _____

Bedrooms have egress windows?: ☐ **Yes** ☐ **No**

Number of parking spaces: _____

Do you have a local contact: ☐ **Yes** ☐ **No**

_____

Signature **Date**

All the information provided in this application is accurate and true to the best of my knowledge. I have read the Vacation Rental Licenses under Yachats Municipal Code on the City website yachatsoregon.org.

CITY USE ONLY

Approved by City_____ **Date Received**_____

Fee Paid _____