

Short-Term Rental Contact Information Form

Short-Term Rental Address

Street Address: _____

Unit Number (if applicable): _____

City: Norfolk

State: VA

Zip Code: _____

Property Owner

Full Name: _____

Mailing Address: _____

Unit Number (if applicable): _____

City: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

Property Manager

Check box if same as owner

Full Name: _____

Email Address: _____

Phone Number: _____

20 Minute Emergency Contact

Check box if same as owner

Check box if same as property manager

Full Name: _____

Email Address: _____

Phone Number: _____

Additional Business Owner/Agent/Partner (if applicable)

Full Name: _____

Email Address: _____

Phone Number: _____