



SHELLY EDMONSON, CFC

TAX COLLECTOR, FLAGLER COUNTY

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Phone: 386-313-4160 / Fax: 386-313-4161

www.flaglertax.gov

SHORT TERM RENTAL STATUS AFFIDAVIT

Owner/Agent Name: _____

Rental Property Address: _____

Rental Property Parcel Number: _____

Contact Name: _____

Phone #: _____

Email: _____

Last Day Rented: _____

Please check all that apply:

RENTING LONG TERM (6 MONTHS OR MORE)

Unit is Rented with Written Lease Longer Than six (6) months and (1) day

RE-ACTIVATE ACCOUNT

PRIVATE RESIDENCE

COPY OF VALID LEASE ATTACHED

OTHER: _____

CHANGE OF ADDRESS

PROPERTY HAS BEEN SOLD

Date of Sale: _____

NOT A RENTAL
Short term or long term

RECREATIONAL VEHICLE RENTAL

NEW MANAGEMENT COMPANY

(tag number: _____)

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true and correct.

Signature: _____ Title: _____ Date: _____