Office Use Only

License #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Short Term Rental Affidavit of Non-Operation

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: str@columbus.gov

If you are no longer operating a Short Term Rental at this location, please complete and sign the below affidavit and submit to the City of Columbus License Section via mail or email (as shown above).

Name: _____ Relation to Property: _____

Address: _____ Ste/Apt: ____ City: _____ State: ___ Zip Code: _____

Parcel #: _____ Property Owner: _____

By signing below, I affirm that I no longer operate a Short Term Rental at the above address.

Certain information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. □

_____
Appellant Signature

Sworn to before me and subscribed in my presence, this _____ day of _____, _____

_____
Notary or Agent of Director of Building and Zoning Services