

Tillamook County Department of Community Development 1510-B Third Street. Tillamook, OR 97141 | Tel: 503-842-3408 www.co.tillamook.or.us

SHORT-TERM RENTAL WAITLIST FORM

OFFICE USE ONLY
Date Stamp
Received by:
Receipt #:
Fees:

			Receipt #:
			Fees:
Applicant \square (Check Box if S	ame as Property Owner)		
Name:	Phone:		
Address:			
City:	State:	Zip:	
Email:			
Property Owner			
Name:	Phone:		
Address:			
City:	State:	Zip:	
Email:			
Location:			
Site Address:			
Map Number:			
Township	Range	Section	Tax Lot(s)
Subarea:			
Waitlist Status:			
Submission of this request form	n and inclusion on a STR wa	itlist does not g	uarantee issuance of a
Short-Term Rental License. Wa	itlist requests are placed on t	the waitlist in the	order received by the
Department. If and when invite	d to apply, the property own	er/applicant shal	I have two weeks from
the time of invitation by the Co	unty to submit an application	n for a Short-Ter	m Rental License. The
application for a Short-Term Rer	ntal License shall be subject to	County Ordinar	ice 84 as amended and
in effect at the time a Short-Ter	m Rental License application	is submitted.	
The property owner certifies that	at the information submitted	herein is true, co	omplete and accurate.
Property Owner Signature (Required)			Date
Applicant Signature			Date