

RESIDENTIAL/SHORT-TERM RENTAL QUESTIONNAIRE

COUNTY **Rutherford**

Owner(s) _____

Account # 1: _____

Parcel #1: _____

Address 1: _____

Principal Residence
 *Short-Term Rental Unit(s)? YES NO
 If YES:
 Number of Unit(s) = _____
 Number of days owner lives in the residence each year = _____
OR
 Percentage of number of days a year owner resides in the residence = _____

Account # 2: _____

Parcel #2: _____

Address 2: _____

Principal Residence
 *Short-Term Rental Unit(s)? YES NO
 If YES:
 Number of Unit(s) = _____
 Number of days owner lives in the residence each year = _____
OR
 Percentage of number of days a year owner resides in the residence = _____

*Tenn. Code Ann § 13-7-602 defines “short term rental unit” as “a residential dwelling that is rented wholly or partially for a fee for a period of less than thirty (30) continuous days and does not include a hotel as defined in § 68-14-302 or a bed and breakfast establishment or a bed and breakfast homestay as those terms are defined in § 68-14-6502.”

PLEASE LIST ALL ADDITIONAL SHORT-TERM RENTAL PROPERTIES ON THE ATTACHED SHEET(S)

THIS SPACE FOR ASSESSOR USE ONLY	<input type="checkbox"/> Questionnaire Mailed Date: _____ <input type="checkbox"/> Questionnaire returned Date: _____
RETURN QUESTIONNAIRE TO:	RUTHERFORD COUNTY PROPERTY ASSESSOR 319 NORTH MAPLE ST, SUITE 200 MURFREESBORO, TN 37130
FOR QUESTIONS:	615-898-7750 assessor@rutherfordcountyttn.gov https://rcpatn.com/

**PLEASE LIST ALL ADDITIONAL SHORT-TERM RENTAL PROPERTIES
OWNED IN THE STATE OF TENNESSEE**
(ATTACH EXTRA SHEETS IF NEEDED)

Address: _____

County: _____

<input type="checkbox"/> Principal Residence <input type="checkbox"/> *Short-Term Rental Unit(s)? YES NO If YES: <input type="radio"/> Number of Unit(s) = _____ <input type="radio"/> Number of days owner lives in the residence each year = _____ <i>OR</i> <input type="radio"/> Percentage of number of days a year owner resides in the residence = _____

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