



Terri A. Guarino  
Health Agent

**TOWN OF BOURNE  
BOARD OF HEALTH**  
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## Rental Property Registration Form

Date: \_\_\_\_\_

No Registration Fee prior to September 1, 2019

### Property Information

Street Address:	Total Number of Units at the Property:
Number of Units Being Registered:	Assessor's Map and Parcel:
Number of Parking Spots Available:	Is the property owner-occupied?
Was the property built before 1978?	Is the property Smoke Free?
Type of Property (Circle): Single Family Dwelling   Cottage   Duplex   Apartment   Condo   Other	
Type of Stay (Circle): Weekend Rentals   Weekly Rentals   Monthly Rentals   Summer/ Winter Rentals   Yearly Rentals	
Short-term rentals?   Less than 31 consecutive calendar days <input type="checkbox"/> YES <input type="checkbox"/> NO More than 14 days in the calendar year <input type="checkbox"/> YES <input type="checkbox"/> NO	
Who is responsible for trash disposal at this property? Describe method/ frequency of removal.	

### Owner Information

Name:	Date of Birth:
Purchase Date:	Type of Ownership:
Address:	Mailing Address:
Telephone:	Email:
Property Manager, if applicable (or other contact):	Telephone:

**\* Please submit form to the Bourne Health Department or via email to [health@townofbourne.com](mailto:health@townofbourne.com) \***

*The undersigned hereby attests to the accuracy of the information provided in this registration form and agrees to allow the Bourne Board of Health access to the property for the purpose of inspection. By signing below, the applicant acknowledges that there may be fees for registration and inspection of residential rental properties.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<u>For Office Use Only</u>	
Date Issued:	Number: