Date

Port Aransas Short Term Rental (STR) Registration

Please complete one form for each rental dwelling. Payment of \$50.00 good for two years.

Make checks payable to: City of Port Aransas (COPA)

Mail or drop off: 710 W Ave A, Port Aransas, Texas 78373 – Mon.-Fri. 9:00 a.m. – 4:00 p.m.

All open permits must be closed before we allow a short-term rental to be registered.

roperty Address:		Unit #F	Property Name	e
Num	ber and Street			If applicable
umber of Sleeping Rooms:	Maximum Occupa	ncy:(=Numb	er of sleeping ro	ooms x 2 +4)
roperty Owner: Name:				
LC Registered Agent	Last		First	Middle Initial
axpayer I.D. #		(9 digits) or	No Ta	expayer I.D.
lailing Address:				
ty, State, Zip				
/ork Phone		Mobile:		
wner's Physical Address:	_			
	Address			City, State & Zip
wner's email address:				
roperty Management:		None – Self-	-managed	
ompany Name:			•	
	pany Name			
lailing Address <u>:</u>				
ity,State,ZipCode:				
hone Mobile:		Management':	s Physical Add	ress:
		<u> </u>		
	Address			
	City, State	e & Zip		
lanager's email address:				
ocal Contact: You mi				
our in person 24 (tw	<u>enty-four) hour</u>	rs a day 7(seve	n) days a w	<u>reek.</u>
		Contact Own	er 🗆 C	ontact Mgt. Company
ocal Contact for Problems:)	Contact Offin		
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ame:Last lailing Address: Work Phone: ontact's Physical Address: ocal contact's email addres	Address, (First City, State & Zip Mobile: Address, City, State & Zip	anges in own	ership, local contact, o

Property Owner Print & Sign