

ALSZD SHORT-TERM RESIDENTIAL RENTAL APPLICATION
WWW.NMALSZD.COM

This application is to be completed by the property owner, managing agency or agent. The Short-Term Residential Rental Permit will be issued in the name of the property owner and is valid for two (2) years from date of issue, Fee \$900 for two (2) years. New application and process along with fees are due on or before expiration.

Owners Name: _____

Mailing
Address: _____

Phone: _____

Email: _____

Address of Short-Term
Rental: _____

Subdivision: _____ Legal Discription: _____

Maximum Guests: _____

Maximum Vehicles: _____

Local 24 hour
contact: _____

I certify all the property owners within 200 feet have been notified of the intent to use this property for short-term rental, and that Guest Notification (emergency contact numbers and short-term rental standards) are posted at the property.

Signature _____ Date _____

This portion for ALSZD use only:

Application Approved

by: _____

Signature: _____

Property Owner Name: _____

Email and phone: _____

Property Management: _____

Property Address: _____

Subdivision: _____

Legal Discription: _____

Max Guest: _____ Max Vehicle: _____

Permit Number: _____

Issue Date: _____

Expiration Date: _____

Fee Paid: _____

SHORT-TERM PERMIT

OWNER'S REPRESENTATIVE

Alto Lakes Special Zoning District: I/we appoint the individual or firm named below to appear, speak and act on my/our behalf with respect to matters involving the ALSZD Comprehensive Zoning and Land Use Ordinance. These matters shall include Short Term Residential Rental Permits. This appointment shall be effective unless notice is given to the ALSZD at PO Box 578 Alto NM 88312. Notice shall be sent by certified mail, return receipt requested. _____initial(s)

Owner's Representative for property owner and property address:

Owner's Representative:

Address:

Phone and Email:

Signature:

Property owner(s) hereby certify under penalty of law that all information presented in and with this application are factual. THIS FORM TO BE NOTARIZED

Signature of property owner(s):_____

Signature of property owner(s):_____

State of _____

County of _____

This instrument was acknowledged before me on this ____ day of _____, year _____.

(seal) _____

Notary Public

SHORT TERM RENTAL CHECKLIST

Please see Short-Term Residential Rental Permit Application Procedures on our website for full details.

www.nmalszd.com

1. Print both pages of the ALSZD Short-Term Residential Rental Application and complete.
2. Send letters to ALL property owners within 200 feet of your intended STR (vacant lot and houses), you will need to supply proof of mailed certified letters.
3. Provide your Tax Lodger's Certificate (typically 12-month expiration for these)
4. Check made payable to ALSZD in the amount of \$900.00
5. If you (property owner) are not able to attend intended meeting, complete the Owner's Authorized Representative **notarized** form and send with all other documents.