14-day Short-term Rental Audit Period: _____ to _____

Property Address: _____

Property Owner: _____

Property Management Company (if applicable): _____

Tenant Name	Home Address	Telephone Number	Number of Tenants 2yrs old and above	Check-in	Check-out

Tenant Name	Home Address	Telephone Number	Number of Tenants 2yrs old and above	Check-in	Check-out