



COMMONWEALTH OF VIRGINIA
COUNTY OF CUMBERLAND
**Short-Term Rental Dwelling
Registration**

Internal Use Only

Reg. Date: _____
Insp. Date: _____
Insp. Pass / Fail _____
Network Date: _____
STAFF: _____

Business Name: _____ Tax Map Number: _____

Short-Term Rental Property Information

Property Address: _____

Number of Short-Term Rental Dwellings on the Property: _____

Number of Sleeping Areas Being Advertised: _____

Number of Entrances: _____

Property Owner Information

Property Owner Name: _____

Property Owner Mailing Address: _____

Owner Phone Number: _____ Email: _____

Operator Information

Operator Name (if different than owner): _____

Operator Address: _____

Operator Phone Number: _____ Email: _____

Notes: _____

