TOWN OF IRONDEQUOIT

Building and Community Development

Annual Verification and Compliance Affirmation Form

Instructions: Property owners operating regulated short-term rental properties within the Town of Irondequoit must submit this completed, signed, and notarized form annually. A separate form must be filed for each property address.

Section 1: Property Identification

- **Property Address:** _____
- **Tax Map / Parcel ID Number:** _____
- **Permit / Registration Number:** _____
- **Property Type:** [ ] Single Family [ ] 2-Family [ ] 3-Family

Section 2: Updated Contact Information

Primary Owner Information
(Physical street address required — No P.O. Box numbers accepted)

- **Full Legal Name:** _____
- **Entity / Company Name** *(if owned by LLC/Corp)*: _____
- **Physical Residence Address:** _____
- **City, State, Zip Code:** _____
- **Primary Telephone:** _____
- **Email Address:** _____

Local Designated Property Manager / Agent
(Required if owner resides outside of the Town of Irondequoit — Must have 24/7 contact availability)

- **Name / Contact Person:** _____
- **Business / Management Name:** _____
- **Physical Street Address:** _____
- **24/7 Emergency Phone Number:** _____
- **Email Address:** _____

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Section 3: Insurance Verification

Attach a copy of the current Certificate of Insurance reflecting active property and liability coverage compliant with Town Code requirements.

- **Insurance Carrier / Policy Issuer:** _____
- **Policy Number:** _____
- **General Liability Limit Amount ($):** $_____
- **Policy Effective Dates:** From _____ To _____
- **Proof of Coverage Attached:** [ ] Yes [ ] No

Section 4: Prior Year Occupancy Tax Reporting

Report total occupancy and sales taxes collected and remitted to New York State and the Monroe County Department of Finance for the prior calendar year (January 1 – December 31).

- **Reporting Tax Year:** 20____

Tax Authority	**Applicable Rate / Description**	**Prior Year Total Paid ($)**
Monroe County Department of Finance	Hotel Room Occupancy Tax	$_____
New York State & Monroe County	Combined State & Local Sales Tax	$_____
Total Occupancy Taxes Paid	**Combined Total**	**$_____**

- **Booking Platform Remittance:** Were all taxes collected and remitted automatically through an online hosting platform (e.g., Airbnb, Vrbo)?

[ ] Yes — All remitted by platform

[ ] Partial — Platform + Direct Remittance

[ ] No — Remitted directly to Monroe County Finance Department

1280 Titus Avenue - Rochester, NY 14617
Phone: (585) 336-6062 / Fax: (585) 467-4953
Email: building@irondequoit.gov

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Section 5: Affirmation of Compliance Under Penalty of Perjury

I/We, the undersigned owner(s) or authorized agent(s) of the subject property, hereby depose and state:

1. **Town Code Compliance:** I affirm that the property identified above complies with all relevant standards of the Town of Irondequoit Code, including maintenance, safety, zoning, noise regulations, and parking restrictions.
2. **True and Accurate Information:** All information provided in this annual verification, including owner contact details, insurance documentation, and occupancy tax reports, is true, correct, and complete to the best of my knowledge.
3. **Penalty of Perjury:** I understand that making false statements herein is punishable as a Class A Misdemeanor under Section 210.45 of the New York State Penal Law.

Owner / Authorized Agent Signature: _____

Printed Name: _____

Title / Relationship to Property: _____

Date: _____

Section 6: Notary Public Acknowledgment

State of New York

County of Monroe

On this _____ day of _____***, 20***, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public, State of New York

(My Commission Expires: _____)

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