

4 High Street
Saugerties, NY 12477

TOWN OF SAUGERTIES
Department of Safety and Buildings



Tel: (845) 246-2800
Fax: (845) 246-0461

SHORT TERM RENTAL EMERGENCY CONTACT INFORMATION

I, _____, am aware that I am the local, 24hr, emergency contact for the property at, _____. I understand that I am to live within 15 miles of the short-term rental property, and I am to respond within the 1 hour in case of an emergency or needed inspection by the Town of Saugerties Building Department. I also acknowledge that my contact information will be publicly available. I also acknowledge that if I am no longer the property manager for the above referenced location, I am to notify the Building Department with in 5 business days to let them know.

Signature of Emergency Contact

Date of Signature

Contact #

Contact Email

State of: _____

County of: _____

Sworn and subscribed before me this
____ Day of _____, _____ by

Notary Name Here, Notary Public
Commission Exp. _____