

## Community and Housing Services Division 100 State Street · Beloit, Wisconsin 53511

Phone (608) 364-6650 • Fax (608) 364-6609

## **AFFIDAVIT OF VACANCY/NON-RENTAL PROPERTY**

DATE:	PROPERTY ADDRESS:		
TAX PARCEL NUMBER:			
PROPERTY OWNER:			
OWNER'S ADDRESS:		PHONE:	
CITY:	STATE:	ZIP CODE:	_
State of			
County of	)		
		being first duly sworn on oath, alleg	ges under
penalty of perjury as fol	property owner)		
	he property located at		, in the City
2. I have been the ov	vner of said property since _		·
		de of Ordinances requires a Rental Dw dential dwelling unit in the City of Beloit	
4. I acknowledge the §14.06.	t the purpose of this affidavit i	s to secure an exemption from the pro-	visions of
[Choose one of the f	ollowing by initialing the line in fro	ont of the statement.]	
		ed property is not being rented. The pro	
	rate that the above-listed prop and will not be used as a rento	perty is owner-occupied and not used all dwelling in the future .	as rental
rental permit from		comply with the requirements of §14.06 ntry of any oral or written lease for tendation of the ordinance.	
or fails to report oc	cupancy of a dwelling unit af	affidavit regarding the occupancy of ter filing an affidavit is subject to a forfe costs, in addition to penalties of perjur	eiture of not
In witness whereof, a	under penalties of perjury, I he	reby affix my signature this	_ day of
	, 20		
	-	(signature of property owner)	
Subscribed and sworn to		of, 20	
		State of	
My commission is permai			evised 11/05/2014
		Follik	CV13CU 1 1/03/2014