VACATION RENTAL DWELLING PREFERRED CONTACT ACKNOWLEDGEMENT

Property Owners: This form must be completed AFTER the final decision of the Planning Director or Planning Commission has been issued for your Vacation Rental Dwelling (VRD). Please ensure the preferred contact has read and understands the final decision and any conditions placed on your VRD. Please return this form to the City of Seaside by mail at 989 Broadway Seaside, OR 97138 or by e-mail to cdadmin@cityofseaside.us. If you have questions regarding this form please call 503-738-7100.

Property Address: _____

Int._____ ▪ I certify that I am the preferred contact for the VRD located at the listed address and I understand the Planning Commission's expectation that I will be available 24 hours a day to address complaints associated with this VRD.

Int._____ ▪ I understand I must respond to and take remedial action on any complaint at this VRD within a reasonable period of time. The Seaside Planning Commission has deemed a reasonable period of time to be two (2) hours.

Int._____ ▪ I understand that failure to respond to a neighbor's valid complaint within a reasonable period of time (2 hours) could result in a Planning Commission review of the VRD. The Seaside Planning Commission could place further restrictions on the VRD up to and including revocation of the property owner's VRD Conditional Use Permit.

Int._____ ▪ I understand that I am expected to maintain a **complaint response log** that will be made available to city staff or the Planning Commission upon request. The complaint log should include the date, time, subject matter of the complaint, name and contact information of the reporting person (if not anonymous), and the action taken to resolve the complaint.

Int._____ ▪ I understand and have read the conditions of approval for the VRD conditional use permit for the listed property. The conditions of approval apply to the listed property any time the dwelling is occupied and a member of the property owner's family is not present.

_____
Name of the Preferred Contact

_____
Phone Number of the Preferred Contact

_____
Address of the Preferred Contact

_____
E-mail Address of the Preferred Contact

X_____
Signature of the Preferred Contact

_____
Date