

Town of St. Armand  
PO Box 338, 1702 NYS Route 3  
Bloomingdale NY 12913  
Phone: 518-891-3189 Fax: 518-891-6092  
www.townofstarmandny.gov

## Short Term Rental Complaint Form:

Please print or type

Date this form was completed: \_\_\_\_\_

### INFORMATION FROM PERSON ISSUING COMPLAINT:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

### INFORMATION ABOUT THE SHORT TERM RENTAL THE COMPLAINT IS AGAINST:

Short Term Rental physical address: \_\_\_\_\_

\_\_\_\_\_

Local Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physical address: \_\_\_\_\_

Email address: \_\_\_\_\_

Is this a Rental Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Rental, circle one:    Single Family Home            Cabin            Cottage            Apartment

Other, specify: \_\_\_\_\_

INFORMATION ABOUT THE COMPLAINT:

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Description of incident:

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Who responded to the incident, circle one:

State Police

Contact Person for Short-term Rental

Town Employee

Other, please specify: \_\_\_\_\_

Is this the first complaint you have issued against this Short-term Rental: \_\_\_\_\_ YES \_\_\_\_\_ NO

What outcome from this complaint would you like to have happen?

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By Signing below, you are certifying that the above information is true and correct to the best of your ability:

Signature: \_\_\_\_\_