



**Town of Eastham
Board of Health**
2500 State Hwy, Eastham, MA 02642
(508)240-5900 x3230
Fax: (508)240-5918
Email: health@eastham-ma.gov

For Town Use Only: RP# _____ Date Received: _____ Check #: _____ <input type="checkbox"/> Water test
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RENTAL CERTIFICATE APPLICATION

If the property is not connected to municipal water supply, a water quality test must be performed and the results **MUST** accompany this application. **Failure to provide a copy of the required water quality test will result in the application being returned and not processed.** The rental certificate fee is \$75.00 per unit. Checks may be made payable to Town of Eastham.

PROPERTY LOCATION: _____ MAP/PARCEL: _____

OWNER NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS (REQUIRED): _____

PHONE: _____

If you would like the Town to contact any other agent in regard to your rental property, please list their contact information:

ADDITIONAL CONTACT PERSON: _____

EMAIL ADDRESS: _____ PHONE: _____

RENEWAL: YES NO, THIS IS A NEW RENTAL PROPERTY

Please provide the dimensions of any bedrooms (use back of application if additional space is needed):

Bedroom #1 _____ Bedroom #3 _____

Bedroom #2 _____ Bedroom #4 _____

Number and Size of bedrooms will be used to determine occupancy. Bedroom count will be verified with septic design plan.

Do you rent your property: YEAR ROUND OR SEASONALLY

Connected to town water? Yes No

Your signature will indicate that you have read and understand all statements on this application and the information provided is correct.

OWNER SIGNATURE: _____ DATE: _____

Failure to register, violations of regulations or over utilization of the property may result in a fine of \$300.00 for each offense for each day of the violation. For complete regulations regarding rental properties, please visit Section III of eastham-ma.gov/sites/g/files/vyhlf4371/f/uploads/boh_regulations_adopted_3.5.20_1.pdf and/or mass.gov/files/documents/2017/09/11/105cmr410.pdf.

No refunds for rental certificates will be issued.