



Date: _____

2231 Avenida de Mesilla
P.O. Box 10
Mesilla, NM 88046

Reg. No.: _____

Phone: (575) 524-3262 Fax: (575) 541-6327

SHORT TERM RENTAL (STR) REGISTRATION

Note: Any changes to property owner information; additions or alterations to rental units; changes in number or type of rental units; parking; or any other changes to information listed on this form will require a change to the information on file with the Town.

New _____ Renewal _____

PLEASE PRINT

RENTAL INFORMATION

Name of Rental: _____

Street Address of Unit: _____

Zone: _____ DAC Parcel #: 04-_____ DAC Parcel #: _____

Square Footage of Rental Unit: _____ No. of Bedrooms: _____ No. of Bathrooms: _____

Number of Off-street Parking Spaces: _____

Current New Mexico Revenue Division ID #: _____
(The location code for reporting earnings received in the Town of Mesilla is 07-303.)

All Short-Term-Rentals in Mesilla are also subject to Mesilla Lodger's Tax payable monthly directly to the Town.

PROPERTY OWNER INFORMATION

Name of Owner/Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone #1: _____ Phone #2: _____

Emergency Phone #: _____

Property Owner's Physical Address:

Street _____

City: _____ State: _____ Zip Code: _____

PROPERTY MANAGEMENT/AUTHORIZED RENTAL AGENT

Authorized Rental Agent: _____

Contact/Phone #: _____ E-mail: _____

(Please complete other side.)

EMERGENCY CONTACT INFORMATION

Responsible party to be called in case of emergency. Enter name in order of contact (please print):

24 HOUR EMERGENCY PHONE #: _____

Name	Address	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have an alarm system? Yes _____ No _____

What Type? _____

Which Company, if any, Responds to Alarms? _____

Compliance with Fire Codes and Occupancy Requirements: All residential short-term rentals are subject to the applicable fire codes, and occupancy must be reviewed and approved for compliance with the Codes by the Town Fire Chief. An on-site inspection may be required.

APPLICANT HEREBY STATES UNDER OATH THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE AND VALID.

Signature of Rental Owner

Date

Name (Printed)

Office Use
FOR NEW OR MODIFIED RENTALS

PERMISSION ISSUED/DENIED BY: _____ **ISSUE DATE:** _____

NOTES/ISSUES:

CONDITIONS:

Reg. Number: _____

Zone: _____

Renewal Date: _____

Date of Payment: _____