



Okanogan County Building Department
123 N. 5th Ave- Rm #115
Okanogan, WA 98840
(509) 422-7110

NIGHTLY RENTAL STATEMENT

Establishment's Name: _____

Rental Address: _____

Parcel Number: _____

Manager's Name: _____

Owner's Name: _____

Owner's Mailing Address: _____

Phone #: _____ Email Address: _____

I, _____, owner of the above mentioned property

verify and acknowledge that I will not rent said property out more than 6 months/180 days per calendar year.

Signed: _____ Date: _____

Owner's Signature

Notary Acknowledgement:

State of: _____

County of: _____

Signed and affirmed before me on the _____ of _____, 20____

Notary Public: _____

My appointment expires: _____