



Department of
CITY PLANNING

Office of Buildings
55 Trinity Avenue
3rd Floor, Suite 3900
Atlanta, Georgia 30303

SHORT-TERM RENTAL AGENT AUTHORIZATION AFFIDAVIT

I, _____ hereby authorize _____ to be the
(owner's name – print) (designated agent name – print)
Short-Term Rental agent for my property located at _____, Atlanta, GA.

Further, I acknowledge this statement of authorization is subject to all applicable state and local laws including, but not limited to, O.C.G.A. § 16-10-71 governing false swearing.

Homeowner Signature

Date

Homeowner Information

Homeowner Printed Name _____

Homeowner Address _____

Homeowner Email _____

Homeowner Phone _____

STR Agent Information

STR Agent Name _____

STR Agent Phone _____

STR Agent Email _____

Sworn to and subscribed before me

This the _____ day of _____, 20__

NOTARY PUBLIC seal and signature