

## SHORT-TERM RENTAL Affidavit of Approval from the Condominium Association

CITY OF CAMBRIDGE
<b>Inspectional Services</b>
Department
831 Massachusetts Ave.
617-349-6100

Registration	#:	

l, (1)	, as authorized representative of the (	2)		
which has a mailing address of 3)		, hereby certify under		
the penalties of perjury that the short-term	rental registration applicant/operator	, (4),		
has notified the (2)	of his/her intention to use	e the condominium unit located at		
(5)	, herein referred to as the STR Proper	ty, or a portion thereof, for short-term		
rentals.				
I certify that I, as an authorized representa	tive of the (2)	, am authorized		
to act on behalf of the (2)	I furthe	r certify that		
(2)	has approved of the accessory	use of the applicant's condominium		
for short-term rentals.				
I, on behalf of (2)	, understand that	the issuance of a Certificate of		
Registration will automatically expire upon	the termination of the applicant's resi	dency at the STR Property, a change		
in owner of the STR Property if different than the operator, or within five (5) years, whichever occurs sooner.				
Furthermore, I, on behalf of (2)	, acl	knowledge that any damage to		
property or persons as a result of registrati	on and use of the STR Property as a s	hort-term rental is solely the		
responsibility of the short-term rental unit of	operator, STR Property owner if differe	nt than the operator, or of the		
condominium association/condominium tr	ust, and that the City of Cambridge an	d its staff shall be held harmless		
from all such damages.				
Destantion had a second second second				

By signing below, I certify under the penalties of perjury that all of the information above is true and accurate, and that I am authorized to act on behalf of (2) \_\_\_\_\_\_.



## SHORT-TERM RENTAL Affidavit of Approval from the Condominium Association

CITY OF CAMBRIDGE Inspectional Services Department 831 Massachusetts Ave. 617-349-6100

Registration #:		
signature(s)	print name(s)	date
mailing address(es)		
email address(es)	phone number(s)	
Key to Blank Fields:		

(1) Insert full name(2) Insert name of condominium association(3) Insert condominium mailing address(4) Insert short-term rental operator's full name(5) Insert condominium property address