



Town of Dennis
Health Department

Kristen Keller,
Health Director

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SHORT-TERM RENTAL AFFIDAVIT Means of Trash Pick-Up and/or Disposal from the Dwelling

Date: _____

Owner's Name: _____

Owner's Contact Phone & Email: _____

Dennis Property Address: _____
No. Street Unit/Apt. Village

PLEASE CHECK APPROPRIATE BOX

Household trash **will be picked up & removed from the premise** immediately after occupancy is concluded or once per week, whichever is more frequent, **by myself, designated Rental Agent/Agency or individual.**

Name of Rental Agent/Agency or Designated Individual & Contact Phone Number

Where will trash be disposed when removed from premise?

Please note: Use of the Town Transfer Station requires a fee, either with a sticker or individual bag fees.

Household trash **will be picked up & removed from the premise** immediately after occupancy is concluded or once per week, whichever is more frequent, **by a licensed and contracted Refuse Hauler.**

Name of Refuse Hauler Company & Contact Phone Number

I am the owner of the above-referenced property, as verified by the Dennis Tax Records, and I have applied for a Short-Term Rental Occupancy Certificate for the current calendar year. I have been informed by the Dennis Health Department of the Town of Dennis Short-Term Rental Regulation stating that a signed affidavit must be provided to the Town confirming means of trash pickup and/or disposal from the dwelling. The Regulations are made available to me on the Town website at: <https://www.town.dennis.ma.us/280/Rental-Occupancy-Certificates>.

I attest that the information I have provided is true and accurate and I have read and understand the Town of Dennis Short-Term Rental Regulations. I understand providing false information or failure to comply with trash removal may result in the suspension or revocation of my annual certificate and any other legal action deemed appropriate by the Town of Dennis.

Owner(s) Signature: _____