



Town of Dennis
Health Department

Kristen M. Keller,
Health Director

Tel: (508) 760-6158
Fax: (508) 394-6289

AFFIDAVIT

Residential Property Not Offered for Rent

Date: _____

Map/Parcel: _____

Owner's Name: _____

Address: _____

Dennis Property Address: _____

No.	Street	Unit/Apt.	Village
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I am the owner of the above-referenced property, as verified by the Dennis Tax Records, and I have been informed by the Dennis Health Department of the requirements of the Town of Dennis Housing Space & Use By-Law that any residential property offered for rent or lease must be registered with the Health Department and a Rental Occupancy Permit issued. A copy of said by-law has been supplied to me.

The above-referenced dwelling/unit/apartment is not rented or being offered for rent, at this time, and I understand that should I decide to offer my residential property for rent that I shall first register with the Dennis Health Department and obtain a Rental Occupancy Permit, in accordance with the Town of Dennis Housing Space & Use By-Law.

Owner(s) Signature: _____

Please return to the Dennis Health Department, 685 Route 134, South Dennis, MA 02660
Fax: 508-394-6289 • E-mail: healthdepartment@town.dennis.ma.us