



Town of North Elba
Village of Lake Placid
2693 Main Street
Lake Placid, N.Y. 12946
Phone: 518-523-9518
Fax: 518-523-9772
Email: planning@northelba.org

EMERGENCY CONTACT AFFIDAVIT TRANSIENT RENTAL REGISTRATION PROGRAM

I certify the following individual is designated the emergency contact person.

Designated Representative: _____
(may be owner)

Address of Representative _____

Emergency Contact Number(s) _____
(available 24 hours) _____

**The designated representative must be on call at all times to manage the rental during any period within which the rental is occupied.*

It is my responsibility to contact the Town/Village within 30 days if there is a change of representative.

Signature

Print Name

Sworn to and signed before me this

_____ day of _____, _____

Notary

ALTERNATE LANGUAGE: I understand this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.