



TOWN OF CONWAY

23 MAIN STREET • P.O. Box 2680 • CONWAY, NEW HAMPSHIRE 03818

(603) 447-3811
WWW.CONWAYNH.ORG

Multi-Family Rental Program Registration Form

Map and Parcel #

Instructions:

Pursuant to RSA 540:1, landlords of residential rental property must provide the municipality with the name, address, and telephone number of the person(s) responsible for the property. Please complete this form in full and return it with payment made payable to the Town of Conway to the Town Code Enforcement Office.

Property Information

- Rental Property Address: _____
- Type of Rental (check one):
 - ☐ Multi-family
 - ☐ Duplex
 - ☐ 3+ units
 - ☐ 12 units +
 - ☐ Other _____

Registration Type (check one):

- ☐ New Registration: ☐ Physical inspection: # of units _____
- ☐ Renewal Registration (Year: _____)

Required Attachments (if applicable)

- ☐ Meals & Rentals License copy
- ☐ Septic system inspection report
- ☐ Heating appliance service record
- ☐ Other supporting documents: _____

Owner Information

- Owner Name(s): _____
- Mailing Address: _____
- City/State/ZIP: _____
- Telephone Number: _____
- Email (optional): _____

Agent / Property Manager Information *(if applicable)*

- **Agent/Manager Name:** _____
 - **Mailing Address:** _____
 - **City/State/ZIP:** _____
 - **Telephone Number:** _____
 - **Email (optional):** _____
-

Emergency Contact Information

- **Emergency Contact Name:** _____
 - **24-Hour Telephone Number:** _____
 - **Relationship to Property:** _____
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Certification

Property Compliance Affidavit

By signing this document, you hereby certify that your property is in full compliance with Chapter 72 Housing Standards, as established by the Town of Conway, New Hampshire.

If the Town determines that a physical inspection of your property is necessary, such inspection will only be conducted at a mutually agreed-upon date and time. The Town will not enter your property without prior notice and consent, and it has no intention of infringing upon the rights of property owners or tenants.

In the event that access for inspection is denied, the Town reserves the right to require the submission of a self-affidavit in lieu of a physical inspection. The cost of preparing such an affidavit shall be borne by the property owner.

*Per the State of New Hampshire, NO ONE may sleep in a building without operating smoke alarms or in an area without proper means of egress and escape. Therefore, any building that has checked "no" on items 2 or 4 is not occupiable until those issues are corrected.

Signature of Owner or Agent

Printed Name of Owner or Agent

Read, understood, accepted, and agreed:

STATE OF _____
COUNTY OF _____

On this the _____ day of _____, 20_____, before me personally appeared
_____ and acknowledged that he executed the same for the purposes therein
contained.

Notary Public/Justice of the Peace
My Comm. Expires: _____
Print or Type Name: _____

For Town Use Only

- Date Received: _____
- Received By: _____
- Inspection Date: _____
- Payment Received: ☐ Cash ☐ Check
- Amount Paid: \$ _____