

TOWN OF CONWAY

LOUISE M. INKELL
TOWN CLERK/TAX COLLECTOR

23 MAIN STREET, CONWAY, NH 03818
PO BOX 2680, CONWAY, NH 03818

(603) 447-3811
FAX (603) 447-1348
WWW.CONWAYNH.ORG

Property Owner Designated Respondent Affidavit

Per RSA 540:1, the following affidavit is required to be filed with the Town Clerk.

Owner: _____ Date: _____

Rental Property Address: _____

Owner Address: _____

Phone Number: (H) _____ (C) _____

(W) _____ Please indicate your preference for contact.

Email Address: _____

I, _____ swear and affirm that I have designated the following named _____

As my representative, having responsibility and authority to accept documentation and services for the rental property
at the address listed on this affidavit.

Owner Signature: _____

(Notary Public/Justice of the Peace)

(SEAL)

Designated Respondent to Accept Services

Name _____ Title: _____

Address: _____

Phone Number: (H) _____ (C) _____

(W) _____ Please indicate your preference for contact.

Email Address: _____

Expiration of Respondent Status: _____

I, _____ swear and affirm that I accept the designation of respondent for the property owner stated

above, to act as their representative, having responsibility and authority to accept documentation and services for the rental property at the
address listed on this affidavit.

Designated Respondent's Signature

Notary Public/Justice of the Peace

(SEAL)

FILING FEE: \$15.00 cash/check*

ADDENDUM FILING FEE: \$5.00

***Check made payable to the Town of Conway**

OFFICE HOURS: Monday – Friday, 9:00 – 5:00