



TOWN OF CONWAY

1634 EAST MAIN ST. • CENTER CONWAY, NEW HAMPSHIRE 03813

RHODA A QUINT
TOWN CLERK
TAX COLLECTOR

(603) 447-3822
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**