

# TOWN OF CONWAY

LOUISE M. INKELL  
TOWN CLERK/TAX COLLECTOR

1634 EAST MAIN ST. CTR. CONWAY, NEW HAMPSHIRE 03813

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## 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*