



STRP AFFIDAVIT

As required by law, I hereby certify that all the information provided regarding my Short Term Rental Property permit application is true and accurate and I have not advertised and/or operated a STRP without a permit.

Name (printed) _____

Signed _____

Date _____

County of Craighead

State of Arkansas

On this _____ day of _____, 20_____.

Notary _____

Commission Expires _____ Seal