



TOWN OF MADISON

OFFICE OF THE TOWN CLERK – TAX COLLECTOR
1923 VILLAGE ROAD, PO BOX 248, MADISON, NH 03849-0248
Office Phone: 603-367-9931 Ext 310/305 Fax Number: 603-367-4765
E-Mail: clerk@madison-nh.org Website: www.madison-nh.org

LANDLORD'S AGENT DESIGNATED RESPONDENT AFFIDAVIT – Clerk's File # 20 ____ - _____

Per RSA 540:1-b, effective 01.01.2011, the following affidavit is required to be filed with the Town/City Clerk.

Owner: _____ Date: _____

Rental Property Address: _____

Owner Address: _____

Phone Number: (h) _____ (c) _____

(w) _____ Please indicate your preference for contact.

Email Address: _____

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: _____

Fee: Original Filing \$15.00 Addendum/Change: \$5.00

I, _____, swear and affirm that I have designated the above named respondent _____ 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: _____
Justice of the Peace/Notary Public

I, _____, swear and affirm that I accept the designation as representative for the above rental property and will accept the responsibility and authority to accept documentation and services relating to said rental property at my address listed under Designated Respondent to Accept Services until the listed expiration date above. Should any of the information in the Designated Respondent section change, I shall notify the Town Clerk immediately.

Representative/respondent signature: _____ Date: _____

Justice of the Peace/Notary Public