



## TOWN OF MADISON

OFFICE OF THE TOWN CLERK – TAX COLLECTOR  
1923 VILLAGE ROAD, PO BOX 248, MADISON, NH 03849-0248  
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### 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