TWIN LAKES REGIONAL SEWER DISTRICT

"Protecting the Environment Today for Tomorrows Generations"

Policy # 2004-04

<u>NIGHTLY RENTAL UNIT -</u> <u>BILLING CRITERA</u>

The following Policy has been adopted by the Board of Trustees on August 12, 2004, and incorporated into the District's Standard Operating Procedures.

DEFINITION

For purposes of this policy, a dwelling unit constitutes a "Nightly Dwelling Unit" if all of the following criteria are met:

- (1) the dwelling unit is a room, lodging, or accommodation in a hotel, motel, inn, or tourist cabin that is available for rent to, and occupied by, the same person or family for periods of less than 30 days;
- (2) the dwelling unit contains no kitchen/cooking facilities; and
- (3) if the dwelling unit is subject to a county or other local innkeeper's tax or other county or local tax based on the rental income from said unit, the tax is actually paid and the owner of the dwelling unit is capable of providing, and actually provides, proof of payment no later than 7 days after the District requests proof of payment.

PROCEDURE FOR REQUESTING NIGHTLY RENTAL UNIT BILLING

When a Property Owner of the Twin Lakes Regional Sewer District requests a billing adjustment and claims that a structure qualifies as a "Nightly Rental Unit" for billing purposes, the Standard Operating Procedure found below will be followed.

- 1. The property owner must request the appropriate billing adjustment.
 - a. The Property Owner schedules an appointment with the Administrative Assistant to review the "OWNER CERTIFICATION OF NO COOKING FACILITIES" policy and procedure.
 - b. The Property Owner must submit the following:
 - If the dwelling unit is subject to an innkeepers tax, the Property
 Owner must submit the last 6 months of Innkeeper's Tax Returns
 prior to the date the no kitchen/cooking facilities form is completed.

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- ii. If the dwelling unit is not subject to an innkeepers tax, the Property Owner must submit the last 6 months of rental receipts prior to the date the no kitchen/cooking facilities form is completed.
- iii. In order that the rates and charges for sewage services remain fair and equitable and be in proportion to the cost of providing services to no kitchen/cooking facilities, the District shall review on a biennial basis. The Property Owner shall provide update information as described in1b (i) or 1b (ii) within 7 days of a request by the District. Failure to provide the requested updated information will result in the "Nightly Rental Unit" rate being removed from billing and a full EDU will be charged. A Property Owner paying a Nightly Rental Unit rate agrees to further inspections by the District, upon reasonable notice, for confirmation that the unit remains a Nightly Rental Unit.
- c. The legal owner of the property will submit a fifty dollar (\$50.00) inspection fee, per inspection. This inspection fee is due upon submission of the "OWNER CERTIFICATION OF NO COOKING FACILITIES" form.
- d. The Property Owner must complete the form during the scheduled appointment or return it to the District after the scheduled appointment.
 - i. The form is officially filed when one of the following conditions is met:
 - (1) The form is filled out and completed at the District office during the scheduled appointment and submitted together with inspection fee and other information listed above.
 - (2) After the appointment, if hand delivered to the District office, the form is deemed filed on the date the form is actually delivered to the District office, provided that the form must be properly and fully completed and signed, and the inspection fee must be paid;
 - (3) After the appointment, if the form is mailed, sent by courier, or otherwise delivered to the District office, the form is deemed filed on the date of actual receipt at the District office provided the form is properly and fully completed, signed and payment of the inspection fee is submitted.
- e. The date of filling as described above controls over any date shown on the form by the Property Owner. The District office shall stamp or otherwise place the filing date on the form in accordance with the above rules.

- 2. Upon receipt of the properly completed and executed form "OWNER CERTIFICATION OF NO KITCHEN/COOKING FACILITIES", the District will:
 - a. Inspect said property and complete the form, "STATEMENT OF INSPECTOR REGARDING NO KITCHEN/COOKING FACILITIES" in a timely manner.
- 3. If the District's inspection of the subject structure confirms the absence of cooking/kitchen facilities, the effective date of such condition shall be the date on which the properly completed and signed OWNER CERTIFICATION OF NO KITCHEN/COOKING FACILITIES form is filed with the District office as described hereinabove regardless of the date of inspection.
- 4. If the STATEMENT OF INSPECTOR REGARDING NO KITCHEN/COOKING FACILITIES confirms that no kitchen/cooking facilities exist in the subject structure, the billing will be adjusted to the Nightly Rental Unit rate the month following the date of filing of OWNER CERTIFICATION OF NO KITCHEN/COOKING FACILITIES, provided all other conditions for that rate are met.
- 5. If the STATEMENT OF INSPECTOR REGARDING NO KITHEN/COOKING FACILITIES does not confirm absence of kitchen/cooking facilities, no billing adjustment will be made. Any further request for such an adjustment will require a new application, properly completed, signed, and filed with the District office and accompanied by payment of another inspection fee.

KITCHEN/COOKING REMOVAL PROCEDURE

To qualify a unit as a Nightly Rental Unit the Property Owner must do the following:

- 1. Remove all cooking facilities Gas and/or electric stoves, ranges, etc.
- 2. Gas:
 - a. Remove gas feed line at the gas header for any cooking facilities.
 - b. Patch hole in structure
- 3. Electric:
 - a. Remove electric feed at breaker and/or fuse box for any cooking facility.
 - i. This requirement does not apply to electricity to a microwave.
 - b. Patch hole in structure
- 4. Garbage Disposal must be removed.
- 5. Call the District for inspection.

OWNER'S CERTIFICATION OF NO KITCHEN/COOKING FACILITIES

Ι,		, hereby certify that:
1.	I am the owner (or one of the ov	vners) of the real estate located at:
		Monticello, IN 47960
Street	Address	City, State Zip Code
2.	I am informed and believe that the boundaries of the Twin Lake	he above referenced real estate property is located withings Regional Sewer District.
3.		state there is located a shed, structure, trailer, mobile owever no such improvement has kitchen/cooking ed real estate.
4.	As a result of the fact that my re requesting that the Twin Lakes rental room rate the following m	eal estate has no kitchen/cooking facilities, I am Regional Sewer District adjust the billing to the nightly onth.
5.	kitchen/cooking facilities, I, or al Twin Lakes Regional Sewer Dis	above-referenced property subsequently reinstalls by successor in title to me, will be required to contact the strict, purchase a permit and cause inspection of the real
		ling to the full EDU rate. I understand and acknowledge the District office may result in the imposition of fines
 I consent to a representative of the Twin Lakes Regional Sewer District inspecting the above-referenced real estate to confirm the statements made herein. Such inspection shall be conducted, if at all possible, at a mutually convenient time. 		
Print Name		Date
Signature		Telephone Number
Mailir	ng Address:	

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STATEMENT OF INSPECTOR REGARDING NO KITCHEN/COOKING FACILITIES

I,	, state that I have examined that real estate
owned by:	and
located at:	and
have confirmed that the property is not	presently served with kitchen/cooking facilities
Dated this day of	, 200
	Signature of Inspector
	Print Name

pc:

Grinder File Homeowner