

DATE

Name
Address
City/State/Zip

TRT QUESTIONNAIRE

1. Are you currently renting your vacation home? Yes_____ No_____

IF YES:

- a. Last year, how many nights did you rent your vacation home for lodging or sleeping purposes? _____
- b. Last year, how many nights was your vacation home used for personal use? _____
- c. When did you start renting your vacation home _____

IF NO:

- a. How many nights do you plan to rent your vacation home for lodging or sleeping purposes? _____
- b. When do you plan to start renting? _____

2. How would someone find out about your vacation rental? Check one or more that apply.

- | | | |
|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Property Management Company | <input type="checkbox"/> Flyers |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Referrals | <input type="checkbox"/> Other |

Signature

Date