



Accessory Dwelling Unit Rent Survey

Your cooperation in completing this brief questionnaire will help the City address its State-mandated housing production reporting requirements and is appreciated.

ADU Address: _____

- How many persons will typically occupy the unit? _____
- Will any monetary rent be charged? Yes No
- If yes, expected monthly rent: \$ _____

(for City use only)

Date Permit Issued: _____

Square-Footage: _____

No. of Bedrooms: _____