

PARKER R. HUNT
Treasurer-Tax Collector



LORRIE BROWN
Asst. Treasurer-Tax Collector

TEHAMA COUNTY TREASURER-TAX COLLECTOR TRANSIENT OCCUPANCY TAX-REGISTRATION APPLICATION

Owner's Name: _____

Property Address: _____ City: _____ State: ____ Postal _____

Mailing Address: _____ City: _____ State: ____ Postal _____

Operator's Name (if different): _____

Number of Units Subject to Transient Occupancy Tax (TOT) Rental: _____

Number of Units Rented for More than 30 Days: _____

Rates Charged for Each Type of Unit Subject to TOT:

| | | | |
|---------|-------|---------|-------|
| Rate \$ | _____ | Rate \$ | _____ |
| Rate \$ | _____ | Rate \$ | _____ |
| Rate \$ | _____ | Rate \$ | _____ |
| Rate \$ | _____ | Rate \$ | _____ |
| Rate \$ | _____ | Rate \$ | _____ |

Is This Rental Operated on a Year-round or Seasonal Basis? _____

If Seasonal, list dates it is usually open:

| | | | |
|------|-------|----|-------|
| From | _____ | To | _____ |
| From | _____ | To | _____ |
| From | _____ | To | _____ |
| From | _____ | To | _____ |

Reports and remittances will be made quarterly. Please notify the Tehama County Tax Collector of any changes in the status of your rental. Change of ownership requires a new registration.

Owner/Manager/Agent

Date