

# Transient Room Tax Registration City of Cannon Beach

**Property Owner Information:**

*Please print*

Name: \_\_\_\_\_ Email: (optional) \_\_\_\_\_

Telephone #: (day) \_\_\_\_\_ (night) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name(s), Telephone #(s) & Address(es) of Partners:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**Property Information:**

*Please print*

Transient Rental Address: \_\_\_\_\_

Number of Units: \_\_\_\_\_

**Manager/Local Representative Information:**

*Please print*

Name: \_\_\_\_\_ Email: (optional) \_\_\_\_\_

Telephone #: (day) \_\_\_\_\_ (night) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

