

TRANSIENT OCCUPANCY TAX REGISTRATION FORM
ORDINANCE NO. 495
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

DATE: _____

CERTIFICATE NO. _____
(To be assigned by the Treasurer-Tax Collector)

PLEASE PRINT OR TYPE

1. Name of Owner/Operator and Title: _____

2. Business Name: _____

3. Business Mailing Address: _____

4. Business Phone: () _____ *Email Address: _____

*Must be included for courtesy billing reminders.

5. Address of Rental Unit: _____

6. Parcel Identification Number (PIN) for rental Unit: _____

7. How long have you operated the business (date you began renting to transients)? _____

8. Type of Organization: Individual _____ Partnership _____ Corporation _____

Other (Please specify): _____

9. If Operator is not Owner of Business, Complete the following:

Owner: _____

Address: _____ Telephone Number: () _____

10. Names of Partners or Corporation Officers:

(Name)	(Title)	(Address)
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(Name)	(Title)	(Address)
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11. Total Number of Occupancy Units: _____

12. Percentage of Occupancy (From Experience): _____

SIGNATURE: _____

TITLE: _____

Return This Registration Form to the Riverside County Treasurer-Tax Collector. Send to:

MATTHEW JENNINGS
RIVERSIDE COUNTY TREASURER-TAX COLLECTOR
POST OFFICE BOX 12005
RIVERSIDE, CA 92502-2205
ATTENTION: Transient Occupancy Tax Registration

For Questions Regarding the Transient Occupancy Registration,
Contact the Riverside County Treasurer-Tax Collector's Office at (951) 955-0799 or via email at RCTTCTOT@RIVCO.ORG
www.countytreasurer.org