

**UNIFORM TRANSIENT OCCUPANCY TAX REGISTRATION FORM**  
**ORDINANCE NO. 495 AS AMENDED**  
**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 billing reminders.

5. Address of Rental Unit: \_\_\_\_\_

6. Assessment Number of last Riverside County Tax Bill covering the business:  
\_\_\_\_\_

7. How long have you operated the business (Occupancy Unit)? \_\_\_\_\_

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)

\_\_\_\_\_  
(Name) (Title) (Address)

11. Number of Occupancy Units:  
\_\_\_\_\_ @ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ @ \$ Total No. of 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) 955-4219 or via email at [RCTTCTOT@RIVCO.ORG](mailto:RCTTCTOT@RIVCO.ORG)