

Transient Room Tax Registration City of Cannon Beach

Property Owner Information:

Please print

Name: _____ Email: _____

Telephone #: (day) _____ (night) _____

Mailing Address: _____

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

(1) _____

(2) _____

(3) _____

Property Information:

Please print

Short-term Rental Address: _____

Manager/Local Representative Information:

Please print

Name: _____ Email: _____

Telephone #: (day) _____ (night) _____

Mailing Address: _____

Property Owner's Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Please note: it is required that all property owners sign this form. Please use an additional sheet of paper if need. If the property is owned by an LLC, a legal document stating all members must accompany this form.

This information can be made in alternative format as needed for persons with disabilities.

