



Clatsop County Tax Office
820 Exchange, Suite 210
Astoria OR 97103

TRANSIENT ROOM TAX REGISTRATION

OWNER

PROPERTY MANAGEMENT AGENCY (IF APPLICABLE)

RENTAL ADDRESS

BUSINESS PHONE

MAILING ADDRESS

How long have you owned or operated this business? _____

Name of operator or manager: _____

If you own more than one business subject to Transient Room tax, complete the following:

Business Name	No. of Rooms	Business Address	How long owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Organization (circle one) Individual Partnership Corporation

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE (OF OWNER OR OF PROPERTY MANAGEMENT IF APPLICABLE)

DATE