



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

## Transient Room Tax Registration

Rental Property Address \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_ Tax Lot \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

How long have you owned this business: \_\_\_\_\_

Property Management Agency Name: \_\_\_\_\_

Manager/Agent Name: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

How long have you managed/operated this business \_\_\_\_\_

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

Business Name	# of Rooms	Business Address	How long owned?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Type of Organization:**     Individual     Partnership     Corporation

Name

Title

Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner or Property Manager Signature \_\_\_\_\_

Date \_\_\_\_\_