

TAX COLLECTOR

DIVISION OF THE DEPARTMENT OF FINANCE

ROY GIVEN, CPA
DIRECTOR OF FINANCE

Mina Martinovich, CPA, Assistant

Transient Occupancy Tax (TOT) Property Management/Authorized Agent Registration Form

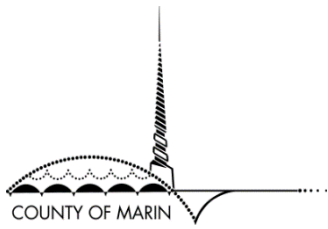
This form must be filed with the Marin County Tax Collector's Office prior to commencing business and/or when a change is made to this record.

Property Management Company/Authorized Agent Information:

Name of Property Management Company/Authorized Agent:	Daytime Telephone Number:
Name of Company Owner/CEO or Property Manager:	Alternate Phone Number:
Name of primary contact person:	Telephone Number:
	Email Address:
Secondary contact person:	Telephone Number:
	Email Address:

Registration Information:

Property Management Company County of Marin Business License Number:	Property Management Company County of Marin TOT Certificate Number:
Number of active properties you are managing in unincorporated areas of the County of Marin:	TOT Owner Authorization Form must be completed and signed by both owner and authorized agent for each property along with this document. (initials)
Email address to send monthly reminders for TOT reporting:	Authorized agents are responsible for ensuring compliance with the County's governing laws, including registration, collection and remittance of TOT at the correct tax rate for properties they are managing. (initials)



TAX COLLECTOR

DIVISION OF THE DEPARTMENT OF FINANCE

ROY GIVEN, CPA
DIRECTOR OF FINANCE

Mina Martinovich, CPA, Assistant

TRANSIENT OCCUPANCY TAX (TOT) OWNER AUTHORIZATION FORM

This form must be filed with the Marin County Tax Collector's Office prior to commencing business and/or when a change is made to this record. This is the attachment for Authorized Agent Registration Form.

Owner and Property Information: This Registration is: New Property Information update

1. Owner Name(s): _____
2. Situs Address: _____
3. Parcel Number: _____
4. Mailing Address: _____
5. Home Phone: _____ 6. Cell Phone: _____ 7. Email: _____
8. Business License Number: _____ 9. TOT Certificate Number: _____
10. Effective date for authorized agent to report and remit TOT: _____
11. End date: _____ *(notify the Marin County Tax Collector in writing)*
12. TOT Reporting Responsibility: Owner Only Authorized Agent Only Both Owner and Agent

Authorized Agent Information:

Authorize Agent Name: _____

Property Management Company: _____

Business Phone: _____

Email: _____

County of Marin Business License Number: _____ TOT Number: _____

Owner Acknowledgement: As the owner, I acknowledge I am aware of the Short-Term Rental requirements and responsibilities and hereby agree to abide by and conform to the Marin County Uniform Transient Occupancy Tax. I designate the above listed authorized agent to act on my behalf to manage, report and/or pay transient occupancy tax returns and for notifying the Marin County Tax Collector in writing, if/when they are no longer acting, or authorized to act, on my behalf. **(initials)**

Property Manager/Authorized Agent Acknowledgement: As an authorized Agent/Manager, I acknowledge and accept my role and responsibilities under the Marin County Uniform Transient Occupancy Tax and Business license ordinance. I understand that I am responsible for reporting and remitting Transient Occupancy Tax monthly on behalf of the Owner (if designated above), and for notifying the Marin County Tax Collector in writing, if/when I am no longer acting, or authorized to act, in that capacity. I understand, I must be registered with the County of Marin as an Authorized Agent. **(initials)**

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Property Owner's Name (print): _____

Property Owner's Signature: _____ Date: _____

Authorized Agent's Name (print): _____

Authorized Agent's Signature: _____ Date: _____