County of Marin Department of Finance – Tax Collector

New Property Owner Affidavit

I/We,		, am/are the owner(s)
of the real property identified as fol	lows:	
Assessor Parcel Number (APN)		
Property address:		
	a short-term rental since I/we acquire	
Any advertisements offering this pr	operty as a short-term rental, predate	e my/our ownership.
Marin County are subject to the pro-	hat short-term rentals located in the povisions of the Marin County Uniform I I/we begin offering this property as MCC 3.05.	n Transient Occupancy
I/We declare, under penalty of perj	ury, that the foregoing is true and con	rrect.
Executed on	at	, California.
(date)	(city/town)	
Signature of Property Owner(s):		
Phone Number:	Email Address:	
Mail To: Marin County Tax Collector Attn: Transient Occupancy Tax PO BOX 4220 San Rafael, CA 94913		
	Reference Numb	only: er: ïed:

Requests for accommodations may be made by calling (415) 473-4381 (Voice/TTY), 711 for California Relay Service or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.