

**County of Marin
Department of Finance – Tax Collector**

Ceased Operations Affidavit

I/We, _____, am/are the owner(s) of the real property identified as follows: Assessor Parcel Number (APN) _____

Property address: _____

A. This property has never been used or advertised as a short-term rental during my/our ownership.

B. Short-term rental activity at this property ceased on this date: _____, and the following transient occupancy tax requirements have been met*.

1. All transient occupancy tax due prior to cessation has been paid to the Tax Collector.
2. All advertisements offering this property as a short-term rental have been canceled.
3. A report of the final rental activity is attached.

**All requirements above must be met before submission of this affidavit.*

I/we understand and acknowledge that short-term rentals located in the unincorporated areas of Marin County are subject to the provisions of the Marin County Uniform Transient Occupancy Tax Code 3.05 (MCC 3.05). Should I/we begin offering this property as a short-term rental, I/we will comply with the requirements MCC 3.05.

I/We declare, under penalty of perjury, that the foregoing is true and correct.

Executed on _____ at _____, California.
(date) (city/town)

Signature of Property Owner(s): _____

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

For official use only:

Date Received: _____

Reference Number: _____

HC Review: _____

Staff Initials: _____