

Transient Lodging Tax Registration



City of Port Orford
 PO Box 310
 555 W 20th Street
 Port Orford, OR 97465
 541-366-4572
 Fax 1-877-281-5307
dlang@portorford.org
www.portorford.org

Property Information

Name of Property/Business _____

Property Address _____

Type of Business (check one): Hotel/Motel B&B House Townhouse/Condo
 RV Park Online Retailer Other

Ownership Information (check one): Individual Partnership Corporation

Name (last/first)	Title	Email Address
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Mailing Address	City/State	Zip	Phone Number
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Names of Additional Owners, Partners, or Corporate Officers

Name (last/first)	Title	Phone Number
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Name (last/first)	Title	Phone Number
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Records/Remittance Information (if different from above)

Individual/company responsible for the completion of the monthly tax form and payment of taxes

Business Name	Contact Person	Phone Number	Email Address
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Mailing Address	City/State	Zip
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Signature _____	Date _____
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For Office Use Only
 Date Received _____ TLT ID# _____