

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

For Office Use Only

Date Received _____ TLT ID# _____