



TAX COLLECTOR

DIVISION OF THE DEPARTMENT OF FINANCE

ROY GIVEN, CPA

DIRECTOR OF FINANCE

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Transient Occupancy Tax (TOT) Consent to Communicate Information to an Authorized Agent

Property Owner/Short-Term Rental Operator's Name:	Business License Number:
Short-Term Rental Property Address:	Transient Occupancy Tax Number:
Mailing Address:	Property Parcel Number:
Email address:	Telephone Number:

As Property Owner and/or short-term rental operator, I hereby appoint the following individual to communicate and represent my case for transient occupancy tax and business license matters.

Primary Appointee Name:	Secondary Appointee Name:
Appointee Business Name: (if applicable)	Appointee Business Name: (if applicable)
Appointee Address:	Appointee Address:
Telephone Number:	Telephone Number:
Email Address:	Email Address:

The appointee(s) are authorized, to discuss and receive transient occupancy tax and business license information and are granted the authorization below. The appointee is not responsible for the collection of transient occupancy tax. (check the box (es) for the type of authorization)

General Authorization (including all task described below).

Specific Authorization ([X] selected acts describe below):

- To complete the registrations with the County of Marin Tax Collector
- To confer and resolve any assessment, claim or collection of transient occupancy tax
- To complete, compute and report transient occupancy tax returns, financial review or appeals forms
- To negotiate payment plan arrangements and complete financial review forms
- To represent the property owner/short-term rental operators in meetings or hearings.

This consent will remain in effect until final resolution of all transient occupancy tax matters or until this expiration date:

Expiration date: _____

Signature of Property Owner and/or short-term rental operator: —If the matter concerns a joint return, **both** spouses must sign if joint representation is requested. If you are a corporate officer, partner, guardian, executor, registered domestic partner, administrator, or trustee on behalf of the property owner and/or short-term rental operator, by signing this consent you are certifying that you have the authority to execute this form on behalf of the Property owner/short-term rental operator.

Signature of Owner(s)/STR Operator(s): _____ **Date:** _____

Signature of Owner(s)/STR Operator(s): _____ **Date:** _____