



TAX COLLECTOR

DIVISION OF THE DEPARTMENT OF FINANCE

ROY GIVEN, CPA
DIRECTOR OF FINANCE

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TRANSIENT OCCUPANCY TAX (TOT) OWNER AUTHORIZATION FORM

This form must be filed with the Marin County Tax Collector's Office prior to commencing business and/or when a change is made to this record. This is the attachment for Authorized Agent Registration Form.

Owner and Property Information: This Registration is: New Property Information update

1. Owner Name(s): _____
2. Situs Address: _____
3. Parcel Number: _____
4. Mailing Address: _____
5. Home Phone: _____ 6. Cell Phone: _____ 7. Email: _____
8. Business License Number: _____ 9. TOT Certificate Number: _____
10. Effective date for authorized agent to report and remit TOT: _____
11. End date: _____ (notify the Marin County Tax Collector in writing)
12. TOT Reporting Responsibility: Owner Only Authorized Agent Only Both Owner and Agent

Authorized Agent Information:

Authorize Agent Name: _____

Property Management Company: _____

Business Phone: _____

Email: _____

County of Marin Business License Number: _____ TOT Number: _____

Owner Acknowledgement: As the owner, I acknowledge I am aware of the Short-Term Rental requirements and responsibilities and hereby agree to abide by and conform to the Marin County Uniform Transient Occupancy Tax. I designate the above listed authorized agent to act on my behalf to manage, report and/or pay transient occupancy tax returns and for notifying the Marin County Tax Collector in writing, if/when they are no longer acting, or authorized to act, on my behalf. (initials)

Property Manager/Authorized Agent Acknowledgement: As an authorized Agent/Manager, I acknowledge and accept my role and responsibilities under the Marin County Uniform Transient Occupancy Tax and Business license ordinance. I understand that I am responsible for reporting and remitting Transient Occupancy Tax monthly on behalf of the Owner (if designated above), and for notifying the Marin County Tax Collector in writing, if/when I am no longer acting, or authorized to act, in that capacity. I understand, I must be registered with the County of Marin as an Authorized Agent. (initials)

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Property Owner's Name (print): _____

Property Owner's Signature: _____ Date: _____

Authorized Agent's Name (print): _____

Authorized Agent's Signature: _____ Date: _____