



COUNTY OF ALPINE
Office of the Treasurer – Tax Collector
Carol McElroy – CAO/DOF
Tina Scherer – Chief Deputy Treasurer – Tax Collector

TRANSIENT OCCUPANCY TAX REGISTRATION

Owners Name: _____ Date: _____

Mailing Address: _____ Phone: _____

City, State and Zip: _____

Business Name: _____ Bus. Phone: _____

Bus. Address: _____

Type of Organization: Individual: Partnership: Corporation:

NAME OF PARTNERS OR CORPORATION OFFICERS

Name	Title	Address
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Name	Title	Address
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Data required for review by the Tax Collector:

Please list separately each address with condo unit number's you intend to rent:

Summer Rates: _____ Winter Rates: _____ Holiday Rates: _____

Total number of rentable units: _____ Percentage of occupancy: _____

Signature and Title: _____ Date: _____

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