



TRANSIENT TOURISM/ROOM TAX

Registration Form

REGISTRATION (Pursuant to SMC 3.08)

HOTEL/MOTEL/RV PARK NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

NUMBER OF ROOM/SPACES _____

DATE BUSINESS BEGAN OPERATION/NEW OWNERSHIP _____

OWNER/OPERATOR _____

DATE _____

SIGNATURE _____

Return completed registration form to:

City Recorder, Diane Harris
Sutherlin City Hall
126 E. Central Ave.
Sutherlin, OR 97479