



Deschutes County
 Finance Department
 1300 NW Wall Street, Suite 200
 P.O. Box 6005
 Bend, Oregon 97708
 (541) 383-4399 | Fax (541) 749-2909

TRANSIENT ROOM TAX REGISTRATION FORM

Account# _____

Date: _____

1. Owner _____
 Mailing Address _____ City _____ State _____
 Zip _____ Phone _____ Email _____

2. Address of Rental Property _____
 How long have you owned or rented out this property? _____
 Name of operator or manager: _____

3. If you own more than one property subject to transient room tax, complete the following:

Property Address	How Long Owned
_____	_____
_____	_____
_____	_____

4. Type of Organization: Individual _____ Partnership _____ Corporation _____

PARTNER INFORMATION

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note
 Section 13, Paragraph 1 of the ordinance to levy a 8% transient room tax provides that a security deposit not to exceed twice the operator's estimated average monthly liability or \$5,000.00, whichever is lesser, may be required for the period in which tax returns are filed. This security deposit, if required, may be in the form of cash, bond or other security deemed proper by the Tax Administrator.

Please print, sign, and mail your completed application to:
Deschutes County Finance
 PO Box 6005
 Bend, Oregon 97708-6005
 Or fax to (541) 749-2909

Signature of Owner(s)

