CITY OF LINCOLN CITY TRANSIENT ROOM TAX REGISTRATION

		Staff Use Only: Occupational Tax Permit #: Vacation Rental License #:
Rental Property Address:		
Property Owner Information		
Name:		
Mailing Address:Street or Box #		
<u></u>		
	City	State Zip
Cell Phone #: (H	ome/Office #: ()
E-Mail Address	5:	
Signature		Date
Signature		Date
request inform	nation:	arterly TRT Report and has the authority to
_		
		ature:
		nil Address:
Notice: Disclosure of your confidential Transient Room Tax Information can only be obtained thru written request and can only be requested by the Owner/Contact and/or Property Manager whose signatures appear on this form.		