



Sonoma County Transient Occupancy Tax Program

585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403

Email: TOT@sonoma-county.org | Phone: (707) 565-7133

FOR TAX OFFICE USE ONLY

TOT CERT NO. _____ DIST _____

APN _____

EXC HDL EML CHL DOC

TRANSIENT OCCUPANCY TAX (TOT) INFORMATION UPDATE FORM FOR SHORT-TERM RENTALS

This form must be filed with the TOT Program when a change is made to your record. If the property was sold or is no longer operating as a short-term rental, a closure form must be completed instead. **Please note: Updates from this form apply to the TOT program only, you must contact all other programs and/or departments directly.**

CERTIFICATE INFORMATION (REQUIRED)

Property Name (previous name if updating): _____ TOT Cert No.: _____

Owner(s) Name: _____

Situs (Property) Address: _____ City: _____ Zip: _____

PROPERTY/OWNER INFORMATION UPDATE

Effective Date: _____

Property Name: _____

Mailing Address: _____ City/State: _____ Zip: _____

Owner Email: _____ Phone: _____

Advertising Platforms: Airbnb Exclusive Airbnb VRBO/Home Away FlipKey Trip Advisor Other _____

INITIAL **I ACKNOWLEDGE I AM AWARE OF THE PERMIT REQUIREMENTS IN VACATION RENTAL ORDINANCES 6423 & 6386 AND MY RESPONSIBILITIES UNDER TOT ORDINANCES 5823 & 6173.**

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

Owner's Signature: _____ Date: _____

PROPERTY MANAGER INFORMATION UPDATE

Effective Date: _____

ADD PM ID No. _____ **PM Name:** _____ **PM Email:** _____

PM Phone: _____ **PM Mailing Address:** _____

Reporting Responsibility/Management Type:

PM Solo/Full Rep Joint/Bookings SM Solo/Self-Managed Owner(s) Only/Contact Only

REMOVE PM ID No. _____ **PM Name:** _____ **PM Email:** _____

The property was removed for the following reason:

Became owner operated Transferred to another PM Other: _____

INITIAL **AS PROPERTY MANAGER, I ACKNOWLEDGE I AM AWARE OF THE PERMIT REQUIREMENTS IN VACATION RENTAL ORDINANCES 6423 & 6386 AND MY RESPONSIBILITIES UNDER TOT ORDINANCES 5823 & 6173.**

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

PM's Signature: _____ Date: _____