



City of Prineville
 Attn: Lisa Morgan
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TRANSIENT ROOM TAX REGISTRATION FORM

| | | | |
|--|---------------------|---|-----------------------|
| DATE: | | | |
| Owner: | | | |
| Residence Address: | | Residence Phone: | |
| Business Name: | | Business Phone: | |
| Business Address: | | Number of Rooms: | |
| Mailing Address: | | How long have you owned or operated this business: | |
| Name of Operator or Manager: | | | |
| If you own more than one business in Prineville subject to Transient Room Tax, complete the next section. | | | |
| Name of Business: | No. of Rooms | Business Address: | How Long Owned |
| | | | |
| | | | |
| | | | |
| Type of Organization: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> | | | |
| Names of Partners or Corporation Officers: | | | |
| Name: | Title: | Address: | |
| | | | |
| | | | |
| | | | |
| | | | |

Signature

Title

Printed Name