



COUNTY OF PLACER
ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION
10810 Justice Center Drive ▪ Suite 100 ▪ Roseville, CA ▪ 95678
Phone: (916) 543-3950 ▪ Fax: (916) 543-3910
Email: tot@placer.ca.gov

**TRANSIENT OCCUPANCY TAX
OWNER NAME CHANGE AND UPDATE FORM**

Certificate Number: _____ Account Number: _____

EXISTING CERTIFICATE INFORMATION

Property Manager Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____

Primary Contact: _____ Secondary Contact: _____

Assessor's Parcel Number (APN) to update Owner Information: _____

PREVIOUS OWNER INFORMATION

Owner: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

NEW OWNER INFORMATION

Owner: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

By signing this form I certify that I am authorized to complete this information. The information reported is accurate based on the information collected by the Property Owner.

Authorized Signature: _____ Date: _____

Print Name: _____ Title (check one): Owner Partner
 Agent Trustee