

City of Detroit

160 Detroit Ave N
PO Box 589
Detroit, Oregon 97342
Phone: 503-854-3496
Fax: 503-854-3232

Business Name/Owner: _____
Physical site address
of rental property: _____
Phone: _____ e-mail: _____

TRANSIENT ROOM REGISTRATION FORM

Property Owner

Property Operator (If different than owner):

Name: _____
Name: _____
Address: _____
City, State, Zip: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____
Emergency Phone: _____

Type of Business ORD214.2(e):

- | | | |
|---|---|---|
| <input type="checkbox"/> Motel – No. of units: _____ | <input type="checkbox"/> Rooming House – No. of units: _____ | <input type="checkbox"/> Other: – No. of units: _____ |
| <input type="checkbox"/> Inn – No. of units: _____ | <input type="checkbox"/> Apartment House – No. of units: _____ | Describe Other: |
| <input type="checkbox"/> B & B – No. of units: _____ | <input type="checkbox"/> Dormitory – No. of units: _____ | |
| <input type="checkbox"/> Tourist Home – No. of units: _____ | <input type="checkbox"/> Fraternity – No. of units: _____ | |
| <input type="checkbox"/> Hotel – No. of units: _____ | <input type="checkbox"/> Sorority – No. of units: _____ | |
| <input type="checkbox"/> Studio Hotel – No. of units: _____ | <input type="checkbox"/> Club – No. of units: _____ | |
| <input type="checkbox"/> Bachelor Hotel – No. of units: _____ | <input type="checkbox"/> Space in mobile park – No. of units: _____ | |
| <input type="checkbox"/> Lodging House – No. of units: _____ | <input type="checkbox"/> RV Park – No. of units: _____ | |

Zoning: _____ Seasonal: _____ Year Round: _____

I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT AND I HAVE RECEIVED AND READ ORDINANCE 214 – AN ORDINANCE PROVIDING FOR A TRANSIENT OCCUPANCY TAX.

Print Name _____ **Signature** _____ **Date** _____

For Official Use
Date Received: _____ Certificate issued on: _____
Received by: _____

Change of ownership and/or address/phone must be filed and reported immediately to the City of Detroit. If a business is disposed of, suspended or closed a Transient Occupancy Tax Return form must be filed immediately with the City of Detroit. A return must be filed even if taxes were not collected for the reporting period.

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**TRANSIENT ROOM REGISTRATION FORM - Part 2
(optional)**

**Authorization/Release for City of Detroit to provide the public with
information on the tourist accommodation, as provided below:**

Business Name: _____

Contact Information: _____

Web Site (optional): _____

Rate (optional): _____

Description of Property (limited to 500 characters):

I hereby give the City of Detroit full, unrestricted rights to print, display, publish, summarize, and/or distribute the information provided above. I understand that the information provided may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use. I waive any right to inspect and approve final use of materials covered here. I certify that I am 18 years of age or older. I have read and understand this Release, and certify that the information provided is true and accurate.

Print Name	Signature	Date
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For Official Use		Certificate issued on:	
Date Received:	_____		
Received by:	_____		

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