



**REGISTRATION FORM**  
**Transient Occupancy Tax**  
City of Morgan Hill, California

Date \_\_\_\_\_

City business lic.# \_\_\_\_\_

**To:** Harjot Sangha, Accounting Manager  
City of Morgan Hill  
17575 Peak Avenue, Morgan Hill, CA 95037

PLEASE PRINT OR TYPE

1) Operator Information

Name of Operator \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

2) Property Information

Address \_\_\_\_\_

City \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ If more than one property please fill out Additional Property Information Form

Length of time this property has been used as a short term rental \_\_\_\_\_

VRBO No \_\_\_\_\_ HomeAway No \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

3) Owner information (if different from Operator)

Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Applicant herein agrees to comply with the requirements of the City of Morgan Hill Transient Occupancy Tax Ordinance Chapter 3.24

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Completed form can also be submitted through email at [Harjot.Sangha@morganhill.ca.gov](mailto:Harjot.Sangha@morganhill.ca.gov)