



REGISTRATION FORM
Transient Occupancy Tax
City of Morgan Hill, California

Date _____

City business lic.# _____

To: City of Morgan Hill
Finance Department
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 _____