



**CITY OF ANAHEIM  
TOT CONTACT FORM**

200 S. Anaheim Blvd. #136, Anaheim, CA 92805  
P.O. Box 61042, Anaheim, CA 92803-6142  
(714) 765-5194

Annual Form Submittal       Change in Contact Person

Contact Effective Date: \_\_\_\_\_

This contact change is being submitted as the result of a change in hotel/property management company.  Yes  No

**PART 1: BUSINESS NAME AND ADDRESS**

Business Name			
Property Address			
City	State	Zip	
<b>ANAHEIM</b>	<b>CA</b>		

**PART 2: PRIMARY CONTACT PERSON**

Primary Contact Person: the person primarily responsible for submitting and responding to any TOT related items			
Primary Contact First & Last Name		Title	
Phone #	Alternate Phone #	Email:	
Secondary Contact First & Last Name		Title	
Phone #	Alternate Phone #	Email:	
If applicable, Name of Hotel Management Company			

**PART 3: CERTIFICATION**

Individuals executing this form on behalf of a corporation, partnership, L.L.C. or other entity or organization represent and warrant that they are duly authorized to execute and deliver this Application and Certification on behalf of such entity or organization and that this Application and Certification is binding upon the same in accordance with its terms.

I have read and understand all regulations pertaining to the city's transient occupancy tax requirements and that I am responsible for compliance with all such regulations and requirements. **I hereby certify under the penalty of perjury that the information given is true and correct. I understand that a copy of the City Ordinances regulating Transient Occupancy Tax is available to me in the City Clerk's Office or over the internet at [www.anaheim.net/tot](http://www.anaheim.net/tot) (Chapter 2.12 of the Anaheim Municipal Code).**

\_\_\_\_\_

**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_

**Print Name and Title**

**OFFICE USE ONLY**

FORM REC'D DATE: \_\_\_\_\_

BY: \_\_\_\_\_