



TREASURER-TAX COLLECTOR

Shari L. Freidenrich, CPA
OCTreasurer.gov/TOT



TOT CEASE OF BUSINESS FORM

For Office Use Only	
Cert #:	

I hereby certify that the establishment named below is no longer being used as a short-term rental and TOT no longer applies to the establishment named below.

TO BE COMPLETED BY OWNER OR OPERATOR			
Closing Date:		Last Date of Business:	
		Certificate No:	
Type:	<input type="checkbox"/> Hotel/Motel/B&B <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Internet Company	<input type="checkbox"/> Management Company <input type="checkbox"/> Other:	
Rental Name (DBA):			
Rental Address:			
City:	State:	Zip:	
Number of Units:			
Website(s):			
OPERATOR INFORMATION			
Operator Name:			
Contact Name:			
Mailing Address:			
City:	State:	Zip:	
Phone No:	Email Address:		
OWNER INFORMATION			
<input type="checkbox"/> Same Information as Operator			
Owner Name(s):			
Mailing Address:			
City:	State:	Zip:	
Phone No:	Email Address:		

TOT Reporting Forms and Payments were submitted up to the last day of business listed above. By checking this box, I declare under penalty of perjury that the information in this form is true and correct. **You must certify by checking the box prior to submitting the completed Closure Form.**

Print Name & Title:	
Date/Phone/Email:	
Signature:	

Mail to: County of Orange
 ATTN: Treasurer-Tax Collector
 PO Box 4515
 Santa Ana CA 92702-4515

Or save this PDF and email as an attachment to: TOT@octreasurer.gov
 Or Fax to: 714-834-2912
 Questions: Email TOT@octreasurer.gov