



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 below named establishment is no longer being used as a short-term rental and that TOT no longer applies.

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