Name and address of party to whom the approved, or denied, tax clearance request should be mailed:

LORI J. SCOTT Treasurer-Tax Collector-Public Administrator P.O. Box 991830 Redding, CA 96099-1830 Phone: (530) 225-5511



COUNTY OF SHASTA

Request for Issuance of a Transient Occupancy Tax Clearance Certificate

Revenue & Taxation Code Section 7283.5

Allows a purchaser, transferee, or other person or entity attempting to obtain ownership of a property, the owner of which is required to collect the transient occupancy tax, may request a tax clearance certificate in order to avoid inheriting any unpaid,

unreported, or underreported transient occupancy tax. Within 90-days of receiving the request for tax clearance, the county will request the current owner's records and conduct an audit. In some cases the owner may not have registered with the county, however, that does not relieve the imposition of taxes, nor does it prevent the transfer of the taxes to the new owner.

Seller's Name	Buyer's Name
Name of facility	Assessor's Parcel No.
Seller's mailing address	Buyer's mailing address
Seller's area code and telephone number	Buyer's area code and telephone number
Does the buyer intend to continue offering lodging	
after clearing the taxes? Yes No	
If yes, fill out and submit a Transient Occupancy Tax Registration form along with this tax clearance request.	Signature
Registration form along with this tax clearance request.	
I declare under penalty of perjury that I am the prospective	
owner of property on which this tax clearance certificate is	Print Name 🖉
requested, and that information is true and correct.	
(STAFF USE)	
Request for the tax Clearance Certificate has been approved.	Request for the Tax Clearance Certificate has been denied due to:
Records show the subject property to have no current Transient	Current owner(s) records are insufficient for audit.
Occupancy Tax liability due and owing.	
This certificate has been granted for taxes due and payable through	The subject property has taxes due and owing in the amount of:
	Records from to

Signature of Deputy Tax Collector must be made available.

Staff Use

Request Receipt Date: ____

Current TOT Registration No.: ____