

Bay County Tourist Tax Property Deletion Form

Manager Name: _____

Manager Account Number: _____

Complete Property address			
Owner's name			
Owner's mailing address	Owner's city	Owner's state	Owner's zip
Owner's email	Owner's telephone number		
Bay County subaccount number	Final reporting month		

Complete Property address			
Owner's name			
Owner's mailing address	Owner's city	Owner's state	Owner's zip
Owner's email	Owner's telephone number		
Bay County Subaccount number	Final reporting period		

Complete Property address			
Owner's name			
Owner's mailing address	Owner's city	Owner's state	Owner's zip
Owner's email	Owner's telephone number		
Bay County subaccount number	Final reporting period		

Complete Property address			
Owner's name			
Owner's mailing address	Owner's city	Owner's state	Owner's zip
Owner's email	Owner's telephone number		
Bay County subaccount number	Final reporting period		