

## BAY COUNTY TOURIST TAX REQUEST TO CLOSE ACCOUNT (PROPERTY MANAGER)

Tourist Tax Account Number:	Effective Date:
Account Name:	

Please complete the attached concerning the units represented. Attach additional pages as necessary.

Declaration: Please note that any person who is required to collect, truthfully account for, and pay any tax and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statute (FS). All information provided by the applicant is confidential as provided in section 213.053 FS and is not subject to Florida Public Records Law, Section 119.07 FS. By providing an e-mail address above, you consent to electronic communication, reporting and filing. Under penalty of perjury, I declare that I have read the foregoing document and the facts stated are true.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Complete Property Address:			
Owner's Name			
Owner's mailing address:	Owner's city	Owner's State	Owner's ZIP
Owner's email	Owner's phone		
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 phone		
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 phone		
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 phone		
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