



City of Monterey

Visitor Accommodation Facility

Notification of Changes

☐ Ownership Change ☐ Hotel Name Change ☐ Mailing Address
☐ Primary Contact for Tax Return Filing/Questions

Name of Facility: _____

Facility Address: _____

Facility Local Phone Number: _____

Owner / Operator Name: _____

Owner / Operator Address: _____

Date of Change: _____

Number of Rooms Available for Rent: _____

County of Monterey Assessor's Parcel No. of the Facility: _____

Primary Contact (if different from Operator: _____

Primary Contact Phone Number: _____

Print Name

Title

Signature of Person Completing Form

Date

Please return to:
City of Monterey
Revenue Office
735 Pacific St., Ste A
Monterey, CA 93940