



HOTEL OCCUPANCY TAX and VENUE TAX
INFORMATION FORM

RENTAL PROPERTY

Address _____ City _____ State _____ Zip _____
Property NickName _____ Within
City Limits ☐ No ☐ Yes _____
Which City or Town

MANAGEMENT (Taxpayer)

Name _____ Type of Business ☐ Sole Proprietor ☐ Partnership ☐ Corporation
Contact Person _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
TIN / SS# _____ Telephone _____

PROPERTY OWNER

Name _____
Contact Person _____ E-Mail _____
Address _____ City _____ State _____ Zip _____
TIN / SS# _____ Telephone _____

Report Completed By: _____ Date: _____
[Please Print]

Signature: _____

Please Fill Out Form Completely for each Rental Property and Return to:

**Alma Cartwright
Aransas County Treasurer
2740 Hwy 35 N Unit A
Rockport, Texas 78382**