



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**  
**2840 Hwy 35 N**  
**Rockport, Texas 78382**