



**WALTON COUNTY CLERK OF COURTS & COUNTY COMPTROLLER**

Tourist Development Tax

**ACCOUNT CLOSURE REQUEST:  
INDIVIDUAL OR HOTEL**

Account Name <i>(REQUIRED)</i>		Account # <i>(REQUIRED)</i>	
Rental Property Address <i>(REQUIRED)</i>	City	State	Zip
Reason for Account Closure <i>(REQUIRED)</i> <input type="checkbox"/> My property was <b>sold</b> . <input type="checkbox"/> My property is being <b>managed by a property management company</b> , & I have <b>NO self-rentals</b> at any time. <i>(*If so, name REQUIRED below.)</i> Manager Name*: _____ Manager Phone: _____		Final Rental Date <i>(REQUIRED)</i>  _____ / _____ / _____	
<input type="checkbox"/> My property is <b>rented long-term</b> . Copy of lease attached. <input type="checkbox"/> My property is no longer available for vacation rental <i>even to friends &amp; family for a nominal charge</i> ; it is for <b>PERSONAL USE ONLY</b> .		Final Return Period <i>(REQUIRED)</i>	
A) Please note that any person who is required to collect, truthfully account for, & pay any tax that fails to do so shall be liable for penalties under the provisions of Florida Statute (FS) 213.29. B) All information provided by the applicant is confidential per FS 213.053 & is not subject to Florida Public Records Law, FS 119.07. C) Under penalty of perjury, I declare that I have read the foregoing Document, & the facts stated are true.			
Signature <i>(REQUIRED; If completing in Adobe, please type name to electronically sign.)</i>		Date <i>(REQUIRED)</i>  _____ / _____ / _____	

**INSTRUCTIONS:**

Please complete the above table. Submit the completed document via email (i.e. by saving a local copy & attaching to an email), fax, or mail. *(When using the "Submit Form" option for submittal via Adobe, also save a local copy & follow up with our office to ensure receipt as we've found that submittal function to be less than 100% reliable.)* If you have any questions, please contact our office at the email address or phone number provided below.

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