



**WALTON COUNTY TOURIST DEVELOPMENT TAX**

31 Coastal Centre Blvd. Phone: (850) 267-2040  
 Suite 500 Fax: (850) 267-1335  
 Santa Rosa Beach, FL 32459 Email: touristdevelopmenttax@waltonclerk.com

**ACCOUNT CLOSURE REQUEST:  
 PROPERTY MANAGER**

Account Holder/Manager Name	Manager Account #
Account Holder/Manager Email	Effective Closure Date
Reason for Account Closure  <input type="checkbox"/> Company has sold, & <b>ALL</b> rental properties were turned over to the purchasing company named below. Manager Name: _____ Manager Phone: _____ <input type="checkbox"/> Company has closed/ceased operations/gone out of business. <input type="checkbox"/> No operations/rental properties located within Walton County at this time. <input type="checkbox"/> <b>ALL</b> properties have been sold. <input type="checkbox"/> <b>ALL</b> properties are now exclusively rented long-term with no intent to short-term rent again in the future (i.e., company is no longer managing vacation rentals & only handles stays of longer than 6 months.) <input type="checkbox"/> <b>ALL</b> properties are no longer available for rent <i>even to friends &amp; family for a nominal charge or just the cleaning fees</i> ; they are for <b>PERSONAL USE ONLY</b> . <input type="checkbox"/> OTHER: _____	
A) Please note that any person who is required to collect, truthfully account for, & pay any tax that willfully fails to do so shall be liable for penalties under the provisions of FL Statute (FS) 213.29. B) Rental revenue disclosure to Walton Co. for any rental activity must include all rental revenue regardless of booking method as no platforms remit TDT funds to us on behalf of their hosts/property owners. C) All information provided is confidential per FS 213.053 & is not subject to FL Public Records Law, FS 119.07. D) Under penalty of perjury, I declare that I have read the foregoing Document, & the facts stated are true.	
Signature <i>(Typed name is sufficient if using online form.)</i>	Date

**INSTRUCTIONS:**

Please complete the above table & the attached sheet concerning each unit you represented. Attach as many additional pages as necessary. You may submit completed documents via email (i.e. by saving a local copy & attaching to an email to the address in the header above), fax, or mail. *(Please note that we do not recommend using the "Submit Form" option via Adobe as we've found that submittal function to be less unreliable.)*

If you have any questions, please contact our office at the email address or phone number provided above.



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# ACCT. CLOSURE REQUEST: PROP. MGR.

Account Holder/Manager Name		Manager Account #
Complete Property Address (ex: 5555 W Co Hwy 30A Unit 100, Santa Rosa Beach, FL 32459)		TDT Subaccount #
Reason for Closure <i>(if different from reason on pg. 1 or unique to this rental unit; otherwise, leave blank)</i>		Final Rental Date
Owner's Name	Owner's Email	
Owner's Complete Mailing Address (ex: 123 Main St. Apt. 100, City, ST Zip)		Owner's Phone #
Complete Property Address (ex: 5555 W Co Hwy 30A Unit 100, Santa Rosa Beach, FL 32459)		TDT Subaccount #
Reason for Closure <i>(if different from reason on pg. 1 or unique to this rental unit; otherwise, leave blank)</i>		Final Rental Date
Owner's Name	Owner's Email	
Owner's Complete Mailing Address (ex: 123 Main St. Apt. 100, City, ST Zip)		Owner's Phone #
Complete Property Address (ex: 5555 W Co Hwy 30A Unit 100, Santa Rosa Beach, FL 32459)		TDT Subaccount #
Reason for Closure <i>(if different from reason on pg. 1 or unique to this rental unit; otherwise, leave blank)</i>		Final Rental Date
Owner's Name	Owner's Email	
Owner's Complete Mailing Address (ex: 123 Main St. Apt. 100, City, ST Zip)		Owner's Phone #