



WALTON COUNTY CLERK OF COURTS & COUNTY COMPTROLLER

Tourist Development Tax

**ACCOUNT CLOSURE REQUEST:
PROPERTY MANAGER**

Manager Account Name *(REQUIRED)*

Manager Account # *(REQUIRED)*

Reason for Account Closure *(REQUIRED)*

Company has sold, & ALL clients/rental properties have been turned over to the purchasing company named below. *(*If so, purchaser name REQUIRED.)*

Manager Name*: _____ Manager Phone: _____

Company has closed/ceased operations/gone out of business.

No properties on property management list in Walton County at this time.

ALL properties have been sold.

ALL properties are ONLY rented long-term.

ALL properties are no longer available for rent *even to friends & family for a nominal charge; they are for PERSONAL USE ONLY.*

OTHER: _____

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.

Effective Date *(REQUIRED)*

_____/_____/_____

Signature *(REQUIRED; If completing in Adobe, please type name to electronically sign.)*

Date *(REQUIRED)*

_____/_____/_____

INSTRUCTIONS:

Please complete the above table & the attached sheet concerning the units represented. Attach additional pages as necessary. Submit completed documents 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.

31 Coastal Centre Blvd., Suite 500

Santa Rosa Beach, FL 32459

E-mail: touristdevelopmenttax@waltonclerk.com

Phone: 850-267-2040

Fax: 850-267-1335



WALTON COUNTY CLERK OF COURTS & COUNTY COMPTROLLER

Tourist Development Tax

ACCT. CLOSURE REQUEST: PROP. MGR.

Manager Name: _____ **Manager Acct # (REQUIRED):** _____

Complete Property Address <i>(REQUIRED)</i>			Sub-Acct # <i>(REQUIRED)</i>
Owner Mailing Address <i>(REQUIRED)</i>			Owner Name <i>(REQUIRED)</i>
Owner City <i>(REQUIRED)</i>	Owner State	Owner Zip	Owner Phone <i>(REQUIRED)</i>
Owner Email <i>(REQUIRED)</i>	Final Rental Date <i>(REQUIRED)</i> ____ / ____ / ____		Final Return Period <i>(REQUIRED)</i>

Complete Property Address <i>(REQUIRED)</i>			Sub-Acct # <i>(REQUIRED)</i>
Owner Mailing Address <i>(REQUIRED)</i>			Owner Name <i>(REQUIRED)</i>
Owner City <i>(REQUIRED)</i>	Owner State	Owner Zip	Owner Phone <i>(REQUIRED)</i>
Owner Email <i>(REQUIRED)</i>	Final Rental Date <i>(REQUIRED)</i> ____ / ____ / ____		Final Return Period <i>(REQUIRED)</i>

Complete Property Address <i>(REQUIRED)</i>			Sub-Acct # <i>(REQUIRED)</i>
Owner Mailing Address <i>(REQUIRED)</i>			Owner Name <i>(REQUIRED)</i>
Owner City <i>(REQUIRED)</i>	Owner State	Owner Zip	Owner Phone <i>(REQUIRED)</i>
Owner Email <i>(REQUIRED)</i>	Final Rental Date <i>(REQUIRED)</i> ____ / ____ / ____		Final Return Period <i>(REQUIRED)</i>