



WALTON COUNTY CLERK OF COURTS & COUNTY COMPTROLLER

Tourist Development Tax

PROPERTY ADDITION FORM

Acct. Holder/Manager Name: _____ Manager Acct.: _____

Complete Property Address <i>(REQUIRED)</i>	Bedroom Count <i>(REQUIRED)</i>	Parcel ID # <i>(REQUIRED)</i>	
Owner's Name <i>(REQUIRED)</i>	Date of 1st Rental <i>(REQUIRED)</i> ____/____/____	Rental Ad ID # <i>(REQUIRED)</i>	
Owner's Mailing Address <i>(REQUIRED)</i>	Owner's City <i>(REQUIRED)</i>	Owner's State	Owner's Zip
Owner's Email <i>(REQUIRED)</i>	Owner's Phone # <i>(REQUIRED)</i>	FEIN/SSN or Prop. FL DOR Certif. #	
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